

Beyond the Studio: A Mixed-Methods Approach to Exploring Art Therapy Advocacy in Indiana

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Submitted to the faculty of Herron School of Art and Design
in partial fulfillment of the requirements for the degree
Masters of Arts in Art Therapy
Herron School of Art and Design
Indiana University

May 2016

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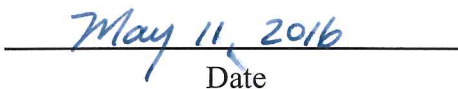
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ABSTRACT

In the United States currently 10 states have either professional licenses with verbiage inclusive of art therapy or licenses that are distinctly art therapy. The states with art therapy licenses received that distinction due to art therapists who advocated on behalf of the profession, consequently shaping the perception of art therapy within their communities and states (American Art Therapy Association (AATA), 2013). In the state of Indiana there is neither an art therapy license, nor verbiage that is inclusive of art therapy in any of their professional licenses. This research sought to understand what advocacy efforts had been conducted by AATA and their state chapter, the Indiana Art Therapy Association (INDIATA). A mixed-methods research design consisting of an integrative systematic literature review, a survey of 2014-2016 INDIATA board members, and interviews with the former/current presidents of INDIATA was conducted. The integrative systematic literature review was utilized in order to explore the proper context of advocacy. The survey and interviews informed the advocacy efforts that were conducted on part of the organization due to minimal published information. The information gathered from the literature review, survey, and personal interviews provided the basis for constructing a framework for future advocacy efforts within the state of Indiana.

DEDICATION

The work that has been put into this thesis is dedicated to my supportive parents who have been inspirational and encouraging, not only during my course of study, but throughout my life. My siblings who, in an ironic twist of events, are constantly raising the bar for their older brother. The Yonan, who understood that thesis work trumped everything this past year and supported me through the entire process. Joe Croffie— the man, the myth, the legend—whose sound advice saved my life and inadvertently brought me in the direction of art therapy. Lastly, I dedicate this thesis to—listed in no particular order—my classmates Liz, Courtney, Liza, and Shelbi who embarked on this journey with me as we became a great starting 5.

ACKNOWLEDGMENTS

This work could not have been completed without the individuals who volunteer their time and efforts to serve AATA and INDIATA (members both current and former). I appreciate these individuals taking time out of their busy schedules to talk to a curious student, and for everything that they have done for the art therapy profession. I sincerely thank you.

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CHAPTER I

INTRODUCTION

Background

Professional licenses are earned within a particular field of study if an individual can meet certain standards and definitions that have been determined by a state legislature (National Board for Certified Counselors, 2015). The standards and definitions of professional licenses vary from state to state and are important because they protect the public by clearly defining practitioners who can use/practice under a particular title.

In the United States currently 10 states have either professional licenses with verbiage inclusive of art therapy or licenses that are distinctly art therapy. The states with art therapy licenses received that distinction due to art therapists who advocated on behalf of the profession, consequently shaping the perception of art therapy within their communities and states (American Art Therapy Association (AATA), 2013). In the state of Indiana there is neither an art therapy license, nor verbiage that is inclusive of art therapy in any of their professional licenses. Additionally, art therapists in Indiana do not have title protection which “means that only certain, eligible professionals may use a predetermined job title that ‘signals’ the person’s background or experience” (Indiana Professional Licensing Agency (IPLA), 2014b, p. 3). This lack of recognition amplifies the need for advocacy on behalf of the art therapy profession both in smaller, clinical settings as well as in a larger, legislative sense.

AATA is the national nonprofit organization which serves its members by advocating for the profession and its members. Governmental rules limit the amount of advocacy and lobbying that can be done by AATA, curbing the organization’s ability to educate policy makers and help change legislation on a state level (AATA, 2013a, p. 3). The responsibility of advocacy falls to

individual members within the art therapy community to speak on behalf of the profession in order to achieve the goals of educating and influencing legislation; advocacy efforts geared towards legislative change can be achieved by individuals working together in groups, which often occurs through the work of AATA state chapters.

Purpose

It is hypothesized that by conducting mixed methods research on art therapy advocacy nationally and locally, the information can be synthesized in order to build a framework showing what needs to be done within the state of Indiana in terms of advocating for licensure. The purpose of this research is to produce a record of advocacy efforts that have been done within the state of Indiana due to minimal published information on the subject. An additional purpose is to prepare a framework that might be used by art therapists and state chapter participants to spearhead advocacy efforts in the state of Indiana.

Objective

This mixed-methods research design seeks to explore the advocacy efforts through an integrative systematic literature review, an online survey, and interviews. The integrative systematic literature review will explore AATA's national advocacy efforts and advocacy efforts occurring within individual states. An online survey will then be conducted with board members of the Indiana Art Therapy Association (INDIATA) to determine what advocacy efforts have been accomplished by that organization. Interviews will be conducted with former/current presidents of INDIATA in an effort to determine what the vision of the organization is through the lens of the leadership.

Conceptualizing a framework for art therapy advocacy within the state of Indiana may provide a working structure and potentially unify professionals in their efforts to obtain

licensure. The objective of this research is to identify the most effective means to advocate for art therapy as an independent, licensable mental health profession in the state of Indiana.

Key Terms/Definitions

Advocacy – “The use of political influence to advance the profession through such means as political giving, legislative lobbying, and other active participation in the political decision-making process” (Fox, 2008, p. 633).

American Art Therapy Association (AATA) – “A membership and advocacy organization which serves its members and the general public by providing standards of professional competence, and developing and promoting knowledge in, and of, the field of art therapy”(AATA, 2013b, p. 2).

American Counseling Association (ACA) – “A not-for-profit, professional and educational organization that is dedicated to the growth and enhancement of the counseling profession” (ACA, 2016, “About ACA,” para. 1).

Art Therapy – “Art therapy is a mental health profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem” (AATA, 2013g, p. 1).

Commission on Accreditation of Allied Health Education Programs (CAAHEP) – “The largest programmatic accreditor in the health sciences field who accredit over 2,100 educational programs in twenty-eight health science occupations” (CAAHEP, 2016, “About CAAHEP,” para. 1).

Council for Accreditation of Counseling and Related Educational Programs (CACREP) – An accrediting body who’s vision is to “provide leadership and promote

excellence in professional preparation through the accreditation of counseling and related educational programs” (CACREP, 2016c, “Vision,” para. 1).

Governmental Affairs Committee (GAC) – A committee of AATA that “monitors state and national policy actions to ensure that AATA’s interests and objectives are adequately represented at all levels of government, and supports and advocates for legislation and policies that promote the profession and practice of art therapy” (AATA, 2014b, p. 180).

Indiana Art Therapy Association (INDIATA) - The state chapter of the American Art Therapy Association. They are “a professional organization in Indiana for art therapists, students, and individuals who support the use of art in a therapeutic manner and the advancement of the art therapy field” (INDIATA , n.d.b, “Welcome,” para. 1).

Indiana Commission for Higher Education – “A 14-member public body created in 1971 to define the missions of Indiana’s colleges and universities, plan and coordinate the state’s postsecondary education system, and ensure that Indiana’s higher education system is aligned to meet the needs of students and the state” (Indiana Commission for Higher Education, n.d., “Welcome,” para. 1).

Indiana Professional Licensing Agency (IPLA) – Set in statute by the Indiana General Assembly, this is an organization with governor-appointed members that license professionals in the state of Indiana (IPLA, 2016).

Jobs Creation Committee (JCC) – “Established by the Indiana General Assembly in 2014 to assess the efficiency and effectiveness of all professional licenses regulated by the Indiana Professional Agency” (IPLA, n.d.c, para. 8).

National Board for Certified Counselors (NBCC) – A not-for-profit, independent certification organization whose “original and primary purposes are to establish and monitor a

national certification system, to identify those counselors who have voluntarily sought and obtained certification, and to maintain a register of those counselors” (NBCC, 2016, “About NBCC,” para. 1).

Public policy advocacy – “The attempt to influence practice, policy and legislation through education, lobbying and communication with legislators and elected officials” (Heinowitz et. al., 2012, p. 373).

Reciprocity – The ability to transfer a license from one state to another (Sherman, 2012).

Title protection – “Means that only certain, eligible professionals may use a predetermined job title that ‘signals’ the person’s background or experience” (IPLA, 2014b, p. 3).

Note: A guide to all of the acronyms is provided (see Appendix A).

CHAPTER II

LITERATURE REVIEW

Registration, Certification, and Licensure

Occupational regulation in the United States takes three forms: registration, certification and licensure (Indiana Professional Licensing Agency (IPLA), 2014c). The reason for occupational regulation is to “protect the public against incompetent, untrustworthy, or irresponsible practitioners” (Jobs Creation Committee (JCC), 2015, p. 3). Of the three forms of occupational regulation, registration is the least restrictive (JCC, 2015). In order to register for an occupation, an individual files their name, address, and qualifications with a government agency (JCC, 2015). Certification, which is more restrictive than registration, permits a person to perform an occupation, but the government—or sometimes a private, nonprofit agency—administers examinations to verify that an individual possesses the adequate level of skill and knowledge (IPLA, 2014). The toughest form of occupational regulation is licensure; this form of regulation is often referred to as “the right to practice” (JCC, 2015, p. 3).

Registration for art therapists. There is a credentialing body specifically for art therapists called the Art Therapy Credentials Board (ATCB) (AATA, 2015c). According to the ATCB (n.d.), they ensure that the educational and professional standards are maintained in order to be a qualified art therapist.

In terms of registration through the ATCB, art therapists can receive the title of Registered Art Therapist (ATR) if they have graduated from an approved art therapy program and achieved certain post-graduation requirements including 1,000 hours of direct client contact and 100 hours of direct supervision (AATA, 2014b).

Certification for art therapists. The ATCB offers certification as a Board Certified Art Therapists (ATR-BC). Individuals seeking an ATR-BC have to meet the requirements for an ATR, pass a national examination, and maintain their credentials through a renewal process that involves continuing education requirements (ATCB, n.d.).

Art Therapy Licensure: Past and Present

There some states that have the profession of art therapy listed within their codes, regulations, and statutes, but art therapists may often be working in the mental health field under a job title that is not specifically for an “art therapist” (Malchiodi, 2000). Currently, art therapists in the state of Indiana do not have a distinct license, but art therapists may be eligible to become licensed as professional counselors. Depending upon the state, professional counseling licenses have different acronyms (e.g., LMHC or LPC) that allow clinicians to practice mental health with government sanctioned credentials (ACA, 2011).

There are six states that have distinct licensure for art therapists including Kentucky, Maryland, Mississippi, New Mexico, New Jersey, and New York; there are four states that include verbiage specific to art therapists in their statutes for counselors—Pennsylvania, Texas, Utah, and Wisconsin (AATA, n.d.b; GAC, personal communication, January 11, 2016). This distinction for art therapists was achieved through the advocacy efforts of art therapists and its supporters in those respective states.

According to Hrenko (1997), many people in the general public and in legislative positions may be unaware of the functions and benefits of art therapy, therefore it is important to continually educate people about the profession. The focus of advocacy efforts should be more than just educational; a strong advocacy effort is one that explains and defends the importance of a profession and why it should be supported (Moore, 2015).

Kapitan (2004) states, “It is startling to learn that the greatest challenge encountered in our current quest to strengthen employment opportunities for art therapists is that, after all these years, art therapy is not understood, even by its advocates, to be a master’s level, scientifically verifiable, bona fide mental health profession” (p. 30).

In this literature review, the researcher will begin by defining advocacy. This literature review will then explore the role that art therapists play in the advocacy process. Advocacy will be looked at in terms of efforts to obtain licensure, followed by a review of what has been done or is currently being done by AATA and other states who have successfully attained licensure. Lastly, advocacy efforts will be explored in Indiana because the state does not currently have art therapy licensure.

Advocacy

“Advocacy, broadly defined, is a systematic process of arguing, pleading or representing an issue” to individuals who are in positions to make changes (De La Paz, 2011, p. 1). For the purposes of this study, the term advocacy is defined as a continuous process that involves informing, influencing, and assisting those that make decisions about the profession of art therapy (Frain, 2014). Advocacy can describe a wide array of activities where the ultimate goal is to change society by appealing to individuals, organizations, employers, or government officials (Cohen, Lee, & McIlwraith, 2012).

Casey (2011) conducted an analysis of systematic advocacy processes utilized by nonprofit organizations and found that there are several categories of activities used to influence government policy and promote policy interests. Table 1 shows the different type of advocacy activities that an individual, group, or organization can participate in.

Table 1

Categories of Advocacy Activities

Category	Advocacy Activities
Legal	<ul style="list-style-type: none"> • Initiate or support public interest litigation • Provide expert evidence for litigation
Legislative and Administrative	<ul style="list-style-type: none"> • Encourage legislators to vote for or against specific legislation/propositions (direct lobbying) • Encourage members of the public to express support for, or opposition to, specific legislation/proposition/regulations through phone calls, letters, e-mails etc. (indirect or grassroots lobbying) • Encourage people to vote for or against specific candidate/parties (campaigning) • Inform public about candidates platforms/policies • Organize electoral or legislative forum/discussion • Contact electoral or legislative forum/discussion • Contact elected or appointed officials, staffers and advisors to promote changes in regulations, guidelines, and other administrative practices
Research and Policy Analysis	<ul style="list-style-type: none"> • Prepare and disseminate research reports, policy briefs, etc. • Evaluate effectiveness and outcomes of existing programs • Provide data/access to external researchers
Coalition Building and Capacity Development	<ul style="list-style-type: none"> • Create and sustain new organizations • Create and sustain coalitions of organizations
Education and Mobilization	<ul style="list-style-type: none"> • Prepare and distribute print or online materials to educate community about an issue • Organize or promote educational, art, cultural, and community activities • Organize or promote campaign to contact legislators or administration to express concerns • Organize or promote petitions • Organize or promote boycott • Organize or promote demonstration, rally, street action, or civil disobedience
Communication and Media Outreach	<ul style="list-style-type: none"> • Send letters to editors • Post blog entries, tweets, and comments on online forums • Prepare press releases or opinion articles • Express opinion during media interviews
Government Relations and Oversight	<ul style="list-style-type: none"> • Participate in on-going formal government

	consultation or advisory processes <ul style="list-style-type: none"> • Participate in ad-hoc consultation or advisory processes such as “town halls” and legislative hearings, or respond to requests for advice • Prepare submission to government enquiry • Engage in independent “watchdog” activities to monitor and evaluate government activities
Service Delivery	<ul style="list-style-type: none"> • Implement and disseminate new model of service delivery

Casey (2011, p. 9)

According to Casey (2011), many of these advocacy activities exist on a continuum that spans from confrontation to cooperation. Depending upon the type of advocacy effort that an individual or organization is engaged in, it gives the context for which strategy to employ (Casey, 2011).

Types of advocacy. Advocacy can be divided into three distinct categories: public policy, social justice, and professional advocacy (Heinowitz et al., 2012). Public policy advocacy is defined as “attempting to influence practice, policy and legislation through education, lobbying and communication with legislators and elected officials” (Heinowitz et. al., 2012, p. 373).

Social justice advocacy typically involves informing and influencing individuals who can make a difference on the behalf of a vulnerable population, or a population who cannot speak up for themselves (Cohen, Lee, & McIlwraith, 2012). Social justice advocacy is defined as advocacy efforts that occur on behalf of clients which includes speaking up for their basic human and civil rights (Heinowitz et. al., 2012). Advocacy for clients occurs within the studio, in clinical settings, and on behalf of individuals who art therapists serve on a daily basis; this type of advocacy may include acquiring relevant community services and education for a client or

“identifying barriers to the well-being of the individuals and vulnerable groups” (De La Paz, 2011, p. 26).

Lastly, professional advocacy is defined as advocacy efforts that are aimed at promoting and empowering professionals, and the profession of consumers they serve (De La Paz, 2011). A clear sense of professional identity resulted from professional advocacy efforts, and is essential to art therapists when trying to obtain a job and increase the viability of the profession through licensure (De La Paz, 2011; Frain, 2014).

Although social justice advocacy and professional advocacy efforts can be used to build support for art therapy licensure by strengthening the identity of art therapists and unifying qualified practitioners, this study focuses exclusively on public policy advocacy, as this is the only type of advocacy that can effectively change codes, regulations, and statutes to include art therapy.

Public policy advocacy. There are many ways in which a person or an organization can contribute to advocating for public policy, but “at the most basic level, it is necessary to be plugged into local and national grassroots organizations, particularly through state, territorial, and provincial...associations” (DeLeon, Loftis, Ball, & Sullivan, 2006, p. 151). Public policy advocacy can be seen as a goal-oriented, multi-leveled endeavor (De La Paz, 2011).

Anand (2013) described three different levels where art therapy advocacy efforts take place (see Table 2). At the lowest level of advocacy, grassroots efforts involve professionals, volunteers, and supporters in the community who do not necessarily have expertise in lobbying (Anand, 2013). At the middle-level of advocacy, what Anand (2013) described as “grasstops,” administrators who work in hospitals, clinics, mental health agencies, or other organizations may be contacted in order to effectively change policies within their organizations. At the highest

level of advocacy, leaders such as legislators, licensure boards, and staff supporters are contacted to impart changes to codes, regulations and statutes (Anand, 2013; Hrenko, 1997).

Table 2

Three Tiers of Advocacy

Levels	Individuals Involved
Low-Level Grassroots	Professionals, volunteers, and supporters in the community
Middle-Level “Grasstops”	Hospitals, clinics, mental health agencies, other organizations
High-level Leaders	Legislators, licensure boards, staff supporters

In order to advocate successfully in the realm of public policy, one must be committed to a long-term vision and be consistent and unwavering in their efforts to make changes, particularly when dealing with changes in government policy or different agencies (DeLeon, Loftis, Ball, & Sullivan, 2006; Casey, 2011; Anand, 2013). The healthcare system, for instance, is constantly changing and multi-faceted, so effective public policy advocacy requires persistence in order to achieve results (Allen, 2014).

Advocacy tactics. DeLeon, Loftis, Ball, & Sullivan (2006) stated that in order to become the most effective advocate, one is required to leave settings in which they are comfortable and venture into legislatures, communities, or other public settings. Successful advocates must also be able to anticipate counterarguments in order to be adequately ready for their campaign (Allen, 2014).

When engaging in public policy advocacy, an individual, group, or organization can utilize legislative or non-legislative tactics (Sarmiento Mellinger, 2014). Legislative tactics are defined as those that involve directly targeting elected officials at any level of government; non-legislative tactics are those that target the legal system, administrators, or the community (Sarmiento Mellinger, 2014).

Legislative tactics. Legislative tactics involve directly contacting elected officials or their staff members, lobbying efforts, sharing research, exchanging information informally, and testifying formally (Saidel, 2001). According to Kremer and Foehl (2011), legislators try to suppress bills from passing, only allowing legislation that is in the best interest of their constituents through; advocacy in this arena is a laborious process which requires passion in order to sustain the effort (McConnell, 2004).

Grassroots advocacy. Grassroots advocacy efforts are comprised of an organized constituency (McConnell, 2004). Grassroots advocacy targets “broader public opinion and serves as a catalyst to political action” (Saidel, 2001, p. 8). Grassroots efforts might include writing letters, making phone calls to influence decision makers, or staging a demonstration (DeLeon, Loftis, Ball, & Sullivan, 2006; Saidel, 2001). The manner in which grassroots advocates should advocate for public policy is with “value-added marketing,” where an individual understands what legislators are looking for, and gives them more than they expect (Hrenko, 1997, p. 55).

Although letter writing campaigns and other grassroots efforts can be accomplished with limited financial resources, prolonged advocacy efforts may require considerable expenses especially if they involve litigation or media outreach (Casey, 2011). Campaigns that are geared

towards legislators are direct, but there are other, indirect means to enact public policy change called non-legislative tactics.

Non-Legislative tactics. Saidel (2001) described three stages of political engagement which are shown on Table 3. These different stages are not mutually exclusive and have some overlap; generally speaking, the first two stages—“activation” and “mobilization” —translate to non-legislative tactics, while “political participation” involves legislative tactics (Saidel, 2001).

Table 3

Different Stages of Political Engagement

Stage of Political Engagement	Activities
Activation	Getting individuals to consider participating in social action
Mobilization	Coordinating individuals and resources
Political participation	Translating “activation” and “mobilization” into an action.

During the activation phase of political engagement, advocacy efforts might include communicating internally with members, gaining public support, and conducting research (Child & Grønberg, 2007). During the mobilization phase, a group may begin analyzing how much revenue, staff, and volunteers may be needed prior to moving to the political arena (Child & Grønberg, 2007). It is often times during the mobilization stage that organizations realize their governing board has not allocated adequate resources or staff to meet their advocacy goals and objectives (Sarmiento Mellinger, 2014).

Public education/public opinion shaping. Public education involves activities that spark a public policy debate as well as bring public awareness to the existence of policy issues (Saidel, 2001). Activities such as public education or media outreach are only considered “advocacy” when the specific intention is to directly/indirectly influence government decisions (Casey, 2011).

Through legislative and non-legislative tactics, organizations can bring awareness to their advocacy campaigns. For volunteer nonprofit organizations in particular, advocacy is their “quintessential function” (Kimberlin, 2010).

Nonprofit Organizations

Nonprofit advocacy. Nonprofit organizations do not seek to benefit private owners, but are responsible for their individual members (Calen, Klein, & Tinkelman, 2010). “Many nonprofit organizations in the U.S. engage in advocacy, whether as a core organizational mission or as a secondary activity” (Kimberlin, 2010, p. 165). According to Goldkind (2014), characteristics of an organization such as its size, age, and mission are factors that influence their advocacy efforts.

A study conducted by Child and Grønbjerg (2007) showed that out of 588 nonprofit organizations in the state of Indiana, 69.8% dedicated “some” or “most” of their time, staff, and resources towards advocacy efforts.

Unlike for-profit organizations, whose success is measured by monetary success, nonprofit organizations—by their inherent nature—do not have that goal, so their success becomes one of ambiguity that requires a more complex set of standards (Callen, Klein, & Tinkelman, 2010). Goals that are put in place for nonprofit organizations tend to be far more “complex and heterogeneous” (Callen, Klein, & Tinkelman, 2010, p. 101). A lack of time,

expertise, and resources are the most frequently cited barriers that inhibit nonprofit organizations' advocacy activities (Goldkind, 2014).

The Panel on Nonprofit Sector and the National Committee for Responsive Philanthropy suggested that five board members is the minimum threshold that nonprofit organizations should reach in order to be effective (as cited in Paynter & Berner, 2014, p. 117). Organizations that have major donors or board members who can generate money also tend to have greater organizational efficiency, but this is not always feasible with nonprofit organizations (Paynter & Berner, 2014).

Previous theories on nonprofit resource mobilization suggested that their involvement in advocacy was correlated to the amount of revenue that they had, but with the rise in information technology, more advocacy can be done with less capital (Child & Grønberg, 2007). "More than ever, organizational success relies on organizations' capacities to engage their constituents and to communicate with them using social media tools" (Goldkind, 2014, p. 313).

Social Media. Social media is an important way for non-profit organizations to advocate for their causes; information technology allows nonprofits to use low-cost, effective communications for advocacy purposes and increase the effectiveness of their advocacy efforts (Child & Grønberg, 2007; Goldkind, 2014). The mastery of electronic communication and social media has become an essential part of advocacy toolkits (Casey, 2011).

Many online campaigns have proved to be successful in directly influencing policy outcomes while at the same time keeping their members/constituencies well-informed (Casey, 2011). In a nationwide survey of 264 nonprofit organizations, 49% used social media (i.e. Facebook and LinkedIn) in their advocacy efforts, 52% used e-mails to communicate with

members of their organization and coordinate advocacy efforts, and 56% utilized e-mail to appeal to decision makers (Goldkind, 2014).

Social media advocacy corresponds with the activation and mobilization stages of political engagement which involves getting individuals to consider participating in social action and coordinating individuals and resources (Saidel, 2001). Technology allows organizations to “communicate quickly with various stakeholders, mobilize broad public support, and monitor government and industry activity” (Child & Grønbjerg, 2007, p. 264). An updated website and Facebook page translate to a strong social media presence allowing communicating among members and stakeholders.

Organizational structure of non-profit agencies. Organizational leadership is one key factor that influences the amount of advocacy that members participate in; this includes the leaders’ vision of the future and their commitment to advocacy (Goldkind, 2014). “Many organizations do not have advocacy structures and often use isolated advocacy efforts executed by the board or administrators with limited success” (Sarmiento Mellinger, 2014, p. 159).

In an empirical study on organizational structure, Reisch (1990) reviewed the relationship between advocacy and organizational structure in 125 organizations across the United States. Organizations that were effective in their advocacy efforts were more likely to have formal organizational structures, official communications (between leadership, staff, and their constituency), and were more likely to allocate resources towards advocacy (Reisch, 1990). Table 4 shows the different stages of organizational development and how they correspond with the focus of advocacy activities.

Table 4

Stages of Organizational Development and Advocacy Focus

Stage of Organizational Development	Focus of Advocacy
Social movement	Broad issue awareness
Early development (infancy)	Simple issue advocacy, task force creation
Mid stage (adolescence)	Legislative lobbying and hiring paid lobbyists
Later stage (adulthood)	Major policy change and increased pressure to advocate for organizational self-interest

McConnell (2004, p. 30)

Research suggests that advocacy should be part of the organizational structure, but there is a scarce number of empirical studies on the topic (Sarmento Mellinger, 2014). Evidence presented by Callen, Klein, and Tinkelman (2010) showed that nonprofit boards become more likely to monitor the activities of their members when the organizational structure is stable. “If nonprofits want to effectively participate in policymaking processes they must develop a solid understanding of the strategic options open to them and to the challenges they face” (Casey, 2011, p. 20). AATA and its affiliated state/regional chapters are 501(c) 3 non-profit organizations who operate on a calendar year (AATA, n.d.a).

Advocacy Efforts of AATA

Role of the association. It is the role of associations to give a larger voice to its individual members and advocate on their behalf in terms of what they do and what they need (Cohen, Lee, & McIlwraith, 2012). AATA supports public policy advocacy, stating that they are in favor of “federal and state policies, legislation, regulations, judicial actions, and initiatives that encourage, promote, and support efforts to gain a professional art therapy license and licensure of art therapists” (AATA, 2012, “State Licensure,” para. 1). In their mission statement, AATA

(2013b) states that they also engage in professional advocacy efforts by setting standards of professional competence and developing and promoting knowledge about the field of art therapy.

The collective voice of art therapists can address issues that are universal to the profession and have implications within the practice of art therapy: “Being a member of an organization is more than what you receive from membership. Sometimes it is about providing support for what you believe in; to become a unified front for what is equitable” (Huebner, 2013, p. 3). An organization often provides value that is intangible, providing its members with benefits (like advocacy and support) that cannot be measured with a monetary equivalent (Strang, 2015).

Organizational structure. Advocacy efforts require a collaborative and coordinated effort from every member of a group in order to be effective (Cohen, Lee, & McIlwraith, 2012). AATA serves a unifying purpose, giving a larger voice to the art therapy community. AATA President-elect Chris Strang (2015) said, “Our greatest opportunity is our membership of AATA and our top challenge is mobilizing our energy of the membership in collaboration with the association” (p. 6). Associations have a more collective voice which, according to Kapitan (2011), leads to more sustainable solutions because the decisions are not coming from a single viewpoint. The structure of an organization is important to advocacy because it aligns individuals and resources where they can be most effective (McConnell, 20014); Appendix B shows the organizational structure of AATA.

Governmental Affairs Committee (GAC). The GAC ensures that both state and national policy actions align with the interests and objectives that have been established by AATA (AATA, 2014b). The GAC is composed of a Chairperson and a minimum of six members from

chapters whose goals and objectives are to “support and advocate for legislation and policies that promote the profession and practice of art therapy” (AATA, 2014b, p. 180).

The GAC has several goals that they have laid out through the year 2019 which include: 1) ensuring that art therapy is recognized as a licensed and credentialed profession by legislators and regulators on the state and national levels, 2) developing integrated state and national policies and measures, 3) developing advocacy training tools, educational opportunities, and mentorship among chapters, 4) assisting state chapters in meeting their individual licensing goals (Carlock-Russo, 2014).

Legislative tactics. Kremer & Foehl (2011) identified several tasks that art therapists can do in order to reinforce AATA’s status as a meaningful lobbying presence: be proactive when dealing with legislative changes, support AATA initiatives, seek assistance from U.S. Representatives and Senators, and maintain a presence on the GAC.

Art therapy classification. Aligning with the GAC’s first goal of ensuring that art therapy is recognized on a national and state level, former President of AATA, Sarah Deaver (2014), submitted a request for a revision of the Standard Occupational Clarification (SOC)—which is set for a revision in 2018—to include art therapy as its own distinct profession. The SOC is a system “used by Federal statistical agencies to classify workers into occupational categories for the purposes of collecting, calculating and disseminating data” (Bureau of Labor Statistics, n.d., para. 1). According to this request, due to the educational requirements of art therapists, AATA has requested that they have their own occupational group code which places them separate from other counselors such as mental health counselors, marriage and family therapists, and behavior disorder counselors (Deaver, 2014).

Art therapy licensure. Current President of AATA, Donna Betts (2015) said, “our efforts toward state licensure involves AATA’s ongoing efforts to assist chapters in achieving state art therapy licenses, focusing on the 22 chapters now engaged in advocating for licensure bills, meeting sunrise review requirements, and organizing licensure campaigns to help move them through all stages of the process” (p. 3).

Sunrise review requirements occur in certain states that have a committee that reviews professional licenses in order to determine if its creation would benefit and protect the public (Washington State Department of Licensing, n.d.; Vermont Office of the Secretary of State, n.d.). Further, sunrise reviews allow the state to make a determination whether regulating a profession is in the best interest of its constituents (Vermont Office of the Secretary of State, n.d.). Indiana no longer has such a committee, as it was eliminated in the mid-1980’s (Regulated Occupations Evaluation Committee, 2011).

Insurance reimbursement. Art therapy is practiced in a variety of settings from hospitals to rehabilitation facilities, but often the practice is under a subcontracted license (from a related field) for insurance reimbursement (AATA, n.d.e). According to the bylaws of AATA (n.d.c), in order for art therapists to be recognized by government and private insurances, it is necessary for art therapists to have a distinct license in all states.

Most insurers—public and private—require that mental health services be “medically necessary” in order for the coverage to be properly reimbursed (AATA, n.d.c). Medicaid, for instance, which is the largest public health insurance program in the United States, covers over 67 million children and adults and provides the largest source of funding for mental health services has this same policy (AATA, 2013e). Medicaid laws vary from state to state, and the term “medically necessary” may also differ depending on the region (AATA, 2013e). Some

states are utilizing Medicaid's "Rehabilitation Services" category to address the mental health needs of their clients, since the verbiage can be used to encompass art therapists (AATA, 2013e).

One of the priorities from AATA's national agenda is to provide insurance reimbursement for art therapy services to U.S. military personnel, veterans, and their families through TRICARE (AATA, 2013f). Due to healthcare reform and the Patient Protection and Affordable Care Act (PPACA), which has increased healthcare insurance accessibility, AATA is seeking to ensure that individuals who can benefit from art therapy are able to receive the services of a qualified art therapy professional (AATA, 2013f).

In order to earn status as a reimbursable service provider, the license qualifications and scope of practice for art therapists will have to match or exceed that of the licensed professional counselors (AATA, n.d.c). According to Kremer & Foehl (2011), in order to be effective, a coordinated advocacy effort must target Medicaid state plans, Qualified Health Plans, Public Health Programs, Veteran Rehabilitative Programs, and state licensing boards.

Non-legislative tactics. According to Elkins & Deaver (2015), the most recent survey on AATA membership—which was in 2013—showed that its members take residence in 17 countries and are represented in 42 of the 50 United States as well as the District of Columbia and Puerto Rico. More specifically, AATA has 40 chapters in 34 states across the United States that advocate for art therapists by enhancing networking opportunities, holding events in the community, and providing education on the field of art therapy (AATA, 2013). Regarding the role of AATA, former AATA presidential candidate Joseph Jaworek (2015) said:

AATA's role is to engage public awareness of the profession and the quality outcomes as a result of programs which meet and exceed the training of other professions; elucidate the growing body of evidence in the effectiveness of art therapy as it is practiced within

the changing world around us; and to advocate on behalf of the public (p. 4).

Art therapy programs. AATA analyzed the state licensure patterns for different professions and found that the professions that had been earning licenses had an external accreditation body that approved their educational programs (AATA, 2015b). Art therapy programs that have received approval by AATA have met specific standards that were in effect at the time of their application; these standards include criteria on the admission of students, the credentials of the faculty, the required curriculum (coursework, internship/practicum, and supervision), evaluation, facilities and equipment, and staff support (AATA, 2007).

Patricia St. John (2015), the Chair of AATA's Task Force for Revision of Master's Education Standards said that through their inclusive and interactive process while revising the educational standards, they have (1) ensured equivalence with educational standards of CACREP and other accrediting groups, (2) have core content that is common to all master's level art therapy programs, and (3) allowed enough flexibility for individual art therapy programs to grow/develop in unique ways.

Educational program approval. AATA's Educational Program Approval Board (EPAB) has approved thirty-nine art therapy master's programs at thirty-five accredited colleges and universities in the United States (2015a). AATA has an Education Committee whose purpose is to "establish and promote standards for art therapy education, support the development of educational programs, and encourage diversity among these programs, foster communication among educators, and provide information to the public regarding educational standards and opportunities" (AATA, 2007, p. 1).

According to Sarah Deaver (2015), former President of AATA, on April 20, 2015, AATA's application to form the Accreditation Council for Art Therapy Education (ACATE) was

approved, shifting away from the previous EPAB approval process. This new ACATE process will develop standards and guidelines for the profession of art therapy that would be applicable to art therapy education programs across the nation (AATA, 2015b). ACATE is a separate entity from CAAHEP, and its existence will serve to strengthen the competence and training of art therapists (AATA, 2015a).

With the shift away from the EPAB approval process, AATA (2015b) is hoping to achieve several things:

In combination with the strengthened academic guidelines recently completed by AATA's Education Committee and the Board, the more rigorous program requirements and review procedures required for accreditation will increase the visibility and standing of art therapy educational programs within the academic community; assure prospective students that accredited art therapy master's programs will adequately prepare them for credentialing, licensure and employment; and encourage additional educational institutions to sponsor art therapy master's programs (p. 2).

Accreditation. In 2014, AATA's board chose the Commission on Accreditation of Allied Health Education Programs (CAAHEP) to be the accrediting body for their art therapy programs after determining that the time commitment required for this approach would align with their goal of gaining art therapy licensure in as many states as possible (AATA, 2015a). CAAHEP (2016) is "the largest programmatic accreditor in the health sciences field who accredit over 2,100 educational programs in twenty-eight health science occupations."

With CAAHEP as the chosen accrediting body, it allows the profession to serve an advisory role in establishing standards for the profession (AATA, 2015a). According to AATA (2015b), with the adoption of CAAHEP standards and the individual committees which comprise

them, in addition to saving time, the organization has saved on incidental costs of running an organization such as incorporating a separate legal organization, raising outside funding, hiring and training staff, and providing legal and insurance protection (AATA, 2015b).

Chapter support. According to the AATA Chapter Manual (2014a), they offer help to chapters with capacity building if they can fill out an application and meet certain requirements. Capacity building strengthens the ability of a state chapter to manage itself and achieve their mission effectively (2014a). The six criteria for this assistance are: 1) chapter leaders are currently professional members of both their Chapter and the National Association., 2) there is a basic strategic plan for chapter activities, 3) the presence of a designated Chapter Delegate to the Assembly of Chapters, 4) the designated Chapter representative to participates in the Governmental Affairs Committee states network, 5) Ability to access the Chapter membership quickly for lobbying and other needs, 6) a minimum of 100 chapter members (2014a).

If a chapter successfully applies for this assistance from AATA, they can receive help with 1) educational programs on public relations, leadership, chapter management, legislative advocacy, and fundraising, 2) career development programs, 3) website development, 4) enhancement of the Chapter's Strategic Plan (2014a). Providing individual chapter with support has been part of AATA's Strategic Plan since 2005 (2014a).

Social media. Megan Campbell (2015), Chair AATA's Social Media Committee (SMC), said that "over the past year, the SMC has continued to expand its digital reach" (p. 12). In addition to a growing art therapy presence online on sites like Facebook, Twitter, and LinkedIn, the committee has started to collaborate with the Marketing and Communications Committee in order to produce content (Campbell, 2015). Content includes, but is not limited to, fundraising

efforts, legislative happenings, community outreach, announcements of art therapy, and website changes/updates (AATA, 2014a).

In 2015, the webpage for AATA was revamped to be easier to navigate and appear more aesthetically pleasing in part due to the work that was done by a Website Task Force that headed this effort (Deaver, 2015). According to the data that has been compiled, the presence of art therapy is growing online as evidenced by an increase in “likes” on their Facebook page, an increase in followers on Twitter, and growth on the LinkedIn community (Campbell, 2015): “One of the best ways for the Association to strengthen membership, awareness and outreach is the continued growth of the website, Facebook page and Twitter” (Graves, 2015, p. 11).

Simultaneously while AATA and art therapists are advocating for independent art therapy licensure in the states, art therapists continue to apply for licensure as mental health counselors (Malchiodi, 2000). In response, the American Counseling Association (ACA) has stressed the need to distinguish themselves from art therapy and other related fields who are applying for counseling licensure and conceived their 20/20 Initiative (Kaplan & Gladding, 2011). The process of distinguishing the field of counseling from art therapy is growing and will continue to grow in the next couple of years, which may take away the option for art therapists to obtain counseling licensure in those states where art therapy licenses are unavailable.

The American Counseling Association’s 20/20 Initiative

There is currently an initiative called the “20/20: A Vision for the future of Counseling” which was sponsored by the ACA as a way to strengthen their identity, present themselves as a distinct profession, and improve the public’s perception and recognition of their professional issues (Kaplan, Tarvydas, & Gladding, 2014). This initiative seeks to unify and delineate the profession of counseling, separating it from other professions including art therapy. According

to AATA (2015b), “major licensed mental health professions all have accrediting bodies that are external to their professional associations and that growing public recognition of the value of professional program accreditation was being used to close off licensure opportunities for art therapists” (p. 2).

History. According to Kennedy (2008), a group of 31 organizations representing the counseling profession worked together to promote the needs of professional counselors in the United States. The delegates from these organizations generated a list of issues (22 in total) that they wanted to address with regards to the future of the counseling profession (Kaplan & Gladding, 2011). According to Kaplan, Tarvydas, & Gladding (2014), the list was broken into seven subsections which were:

(a) Strengthening identity, (b) presenting ourselves as one profession, (c) improving public perception/recognition and advocating for professional issues, (d) creating licensure portability, (e) expanding and promoting the research base of professional counseling, (f) focusing on students and prospective students, and (g) promoting client welfare and advocacy (p. 366).

The 20/20 Initiative began with researchers creating a definition of “counseling” that 90% of practitioners in their field would agree upon (Kaplan & Gladding, 2011). The definition of counseling is “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (Kaplan, Tarvydas, & Gladding, 2014, p. 366). This definition aligns with several other tenants which come from the “Principles for Unifying and Strengthening the Profession” (Kaplan & Gladding, 2011).

Accreditation. License portability is one principle of the 20/20 Initiative which is to enforce CACREP accreditation upon all counseling programs by the year 2020 (Ritchie & Davis,

2013). CACREP is an accrediting body whose vision is to “provide leadership and promote excellence in professional preparation through the accreditation of counseling and related educational programs” (CACREP, 2016c, “Vision,” para. 1). The 20/20 Building Blocks to Portability Project sought to make a recommendation to all fifty state licensing boards that would require all counseling programs to have CACREP accreditation to “provide consistency from state to state regarding counselor licensure titles, counselor scope of practice, and education requirements to become a counselor” (Rollins, 2013, p. 66).

License portability. The delegates of the counseling profession have started focusing on the next tenant of the 20/20 Initiative which is to create a portability system for licensure (Rudow, 2011). License portability, or reciprocity, is the ability to transfer a license from one state to another (Sherman, 2012).

The American Association of State Counseling Boards (AASCB) is “the alliance of governmental agencies responsible for the licensure and certification of counselors throughout the United States” (AASCB, 2016, “About AASCB,” para. 1). According to the AASCB (2015), several states have already started adopting the recommendations of the ACA’s five-year proposal for endorsement including Delaware, Iowa, Kansas, Louisiana, Michigan, Oklahoma, Vermont, Ohio, Idaho, District of Columbia, and Utah. Arizona and Virginia have also adopted endorsement times that will occur sooner than the proposed five-year time period (AASCB, 2015).

Policy changes. According to the National Board for Certified Counselors (NBCC), federal legislators have communicated that educational standards for counselors are inconsistent and “state licensure in its variety of forms does not address the need for a uniform method for

recognizing qualified professionals” (2014, “Relevant Background,” para. 2). The NBCC has established and monitors a national certification system for counselors (NBCC, 2014).

As a result, beginning on January 2022, any student who graduates from a program not accredited by CACREP will not be able to apply for the National Certified Counselor (NCC) (NBCC, 2014). The NCC is not a license to practice, but in some states holding a national certification may aid in obtaining a state license (NBCC, 2015). An additional benefit from the national certification is that it is the “largest national counselor certification in the world,” is that and has reciprocity in other states and countries of residence (NBCC, 2015).

In order to apply for this national certification, an individual must apply prior to January 2022. This decision will not impact current NCC’s or counselors who earned their certification prior to December 31, 2021. This certification will not affect art therapists who are practicing in one of the states that have their own, distinct art therapy license (NBCC, 2015). The art therapists in states who have not successfully advocated and attained art therapy licensure will not be able to practice mental health with government sanctioned credentials (NBCC, 2015; ACA, 2011).

Making CACREP the universal standard. In February 2016, CACREP released a new set of standards that will go into effect beginning on July 1, 2016 (CACREP, 2016a). According to CACREP (2016a), these standards were written with the “intent to promote a unified counseling profession” (p. 3). CACREP, whose accreditations standards are specifically geared towards counseling programs, have created a divide within the field of counseling due to large lobbying efforts to ensure their accreditation is the standard utilized nationwide (Coalition of Concerned Counselors (CCC), n.d.b).

The CCC began after CACREP successfully petitioned the U.S. Department of Defense to impose a requirement for all counselors who practice under TRICARE (the system that provides healthcare services to military personnel) to be graduates of a CACREP accredited school (Ritchie, 2012; CCC, n.d.a); not all counselors have graduate from schools that are CACREP accredited (CCC, n.d.a).

The growing acceptance of CACREP standards nationwide through their advocacy efforts have impacted licensing, license portability, and insurance reimbursement. If AATA had decided to align with CACREP, then this would have interfered with the identity of art therapists, causing further confusion between art therapy being an independent, distinct profession (AATA, 2013b; AATA, 2015c). Consequently, AATA and its state chapters have an amplified push to advocate for art therapy licensure across the nation.

Advocacy Efforts of States with Art Therapy Licensure

Advocacy efforts look different in each individual state due to laws, organizations, and processes which are unique to certain regions/areas. According to AATA's Director of Public Policy, Dean Sagar, New Jersey was the most recent state to get licensure through the legislative process, passing the "Art Therapist Licensing Act" with a vote of 58-7 (GAC Meeting, January, 11, 2016). There are several other states in various stages in the licensure process, but this information is not currently published in a centralized location; the AATA website has a published list (available to members-only) of the ten states with an art therapy licenses or verbiage inclusive of art therapy in their professional licenses and resources on how those states attained licensure.

In addition to their own advocacy efforts, each state or regional chapter of AATA has their own unique website (URL) and Facebook page which they use to communicate information

to their members and supporters. In late 2012, chapters were encouraged to link their Facebook pages/groups to the Association's Facebook page in order to provide consistent messages from AATA down to the states (Graves, 2012). Social media platforms contain time-sensitive updates that pertain to licensure, links to active surveys, meeting reminders, events, or chapter updates.

What follows is an explanation of the licensure status of each of these states, their published advocacy efforts, and information on their social media platforms used to communicate information to their membership. Table 5 shows the difference states that have art therapy licenses or verbiage inclusive of art therapy.

Table 5

States with Art Therapy Licensure

States with distinct art therapy licensure	States with verbiage inclusive of art therapy in other counseling licenses
Kentucky, Maryland, Mississippi, New Jersey, New Mexico, New York	Pennsylvania, Texas, Utah, Wisconsin

Kentucky. In 2009, the five member board of the Kentucky Board of Licensure for Professional Art Therapists was formed by Governor appointment (Kentucky Board of Licensure for Professional Art Therapists, 2014). Through this board, which is a branch of the Office of Occupations and Professions of the Kentucky Public Protection Cabinet, individuals who meet the requirements can apply to become Licensed Professional Art Therapists (LPATs) or Licensed Professional Art Therapist Associates (LPATAs) (AATA, n.d.d). At the Kentucky Board of Licensure for Professional Art Therapists meeting on August 19, 2015, there were 83 active LPATs, and 31 active LPATAs in the state of Kentucky (Kentucky Board of Licensure for Professional Art Therapists, 2015).

The Kentucky Art Therapy Association (KYATA) is the official AATA chapter in the state and has been an incorporated organization since 1992 (KYATA, n.d.a). According to KYATA (n.d.a), they are currently assessing the needs of their membership in order to effectively advocate on their behalf.

KYATA's advocacy efforts. According to Assistant Attorney General of Kentucky, Marcus Jones, the Kentucky Board of Licensure for Professional Art Therapists had been attempting, via cease and desist letters, to stop individuals without art therapy licenses from claiming to be art therapy practitioners (Kentucky Board of Licensure for Professional Art Therapists, 2015). These practitioners were in direct conflict with the state's title protection for art therapists because according to the statutes, "no person shall use the title licensed professional art therapist or use 'LPAT' or a title or letters that are substantially the same, or hold himself or herself as having this status unless he or she is licensed by the board" (Kentucky Board of Licensure for Professional Art Therapists, 2009).

KYATA's social media. KYATA currently has two URL's, one which is defunct (www.kentuckyarththerapy.org) and one which was recently updated (kyarttherapy.org) (KYATA, n.d.a; KYATA, n.d.c). The most current website for KYATA was revamped on March 2016 and includes information that was previously absent such as a current list of its board members, the presence of an AATA logo, and a calendar of events (KYATA, n.d.a).

KYATA keeps their members informed of changes via updates on their Facebook page. Along with the recent changes to their chapter website, KYATA also added an updated e-mail address, Twitter account, and Pinterest account (KYATA, n.d.b). The new website includes an updated logo which shows its AATA affiliation (see Figure 1) (KYATA, n.d.b). The new logo which displays the AATA insignia which achieves a goal of increasing the public's

perception/awareness of the art therapy organization, a priority that was set by AATA's board of directors in 2015 (Deaver, 2015).

Figure 1

Official Logo of KYATA – Old and New



Note: The new logo of KYATA is now included on all of their official chapter documentation and insignia (KYATA, n.d.b).

Maryland. The State Board of Professional Counselors and Therapists (which is a 13-member state board appointed by the Governor that includes 1 art therapy member) issues licenses in the state (AATA, n.d.d). Individuals who meet the requirements can apply to become Licensed Professional Clinical Art Therapists (LPCATs) (AATA, n.d.d).

Maryland has two chapters that art therapists in the state can be members of: the Maryland Art Therapy Association and the Potomac Art Therapy Association (PATA) (AATA, 2013d).

Maryland Art Therapy Association's advocacy efforts. The official website of the Maryland Art Therapy Association (n.d.a) has a section specifically dedicated to the advocacy efforts that resulted in them receiving licensure. According to the Maryland Art Therapy Association, this licensure occurred as a direct result of art therapists and their supporters who lobbied representatives to regulate and protect the profession under the law (n.d.a). "Our bill was signed into law on May 29, 2012, and went into effect in October of the same year" (n.d.a, "Art Therapy Licensure," para. 1).

Maryland Art Therapy Association's social media. The Maryland Art Therapy Association's Facebook page was started on August 2015 and currently has 8 likes which is the lowest of the state/regional chapters that have art therapy licensure or verbiage inclusive of art therapy (Maryland Art Therapy Association, n.d.b).

PATA's advocacy efforts. PATA is dedicated to promoting art therapy in the Washington, DC metropolitan area (which includes Maryland) (PATA, n.d.a). Currently, PATA's "DC Art Therapy Licensure Committee" is looking for art therapists to write letters of endorsement to organizations who have benefited from art therapy (Potash, n.d.). Members and

supporters of this movement have been given instructions on how to draft the letters in order to effectively lobby for art therapy (Potash, n.d.).

PATA's social media. PATA's Facebook page has been active since 2014 and has 867 likes (PATA, n.d.a). PATA has their own organizational website that has information that is accessible to users that shows them how to rally support for the profession of art therapy, what their mission statement is, and a completed strategic plan with goals (PATA, n.d.b; Potash, n.d.).

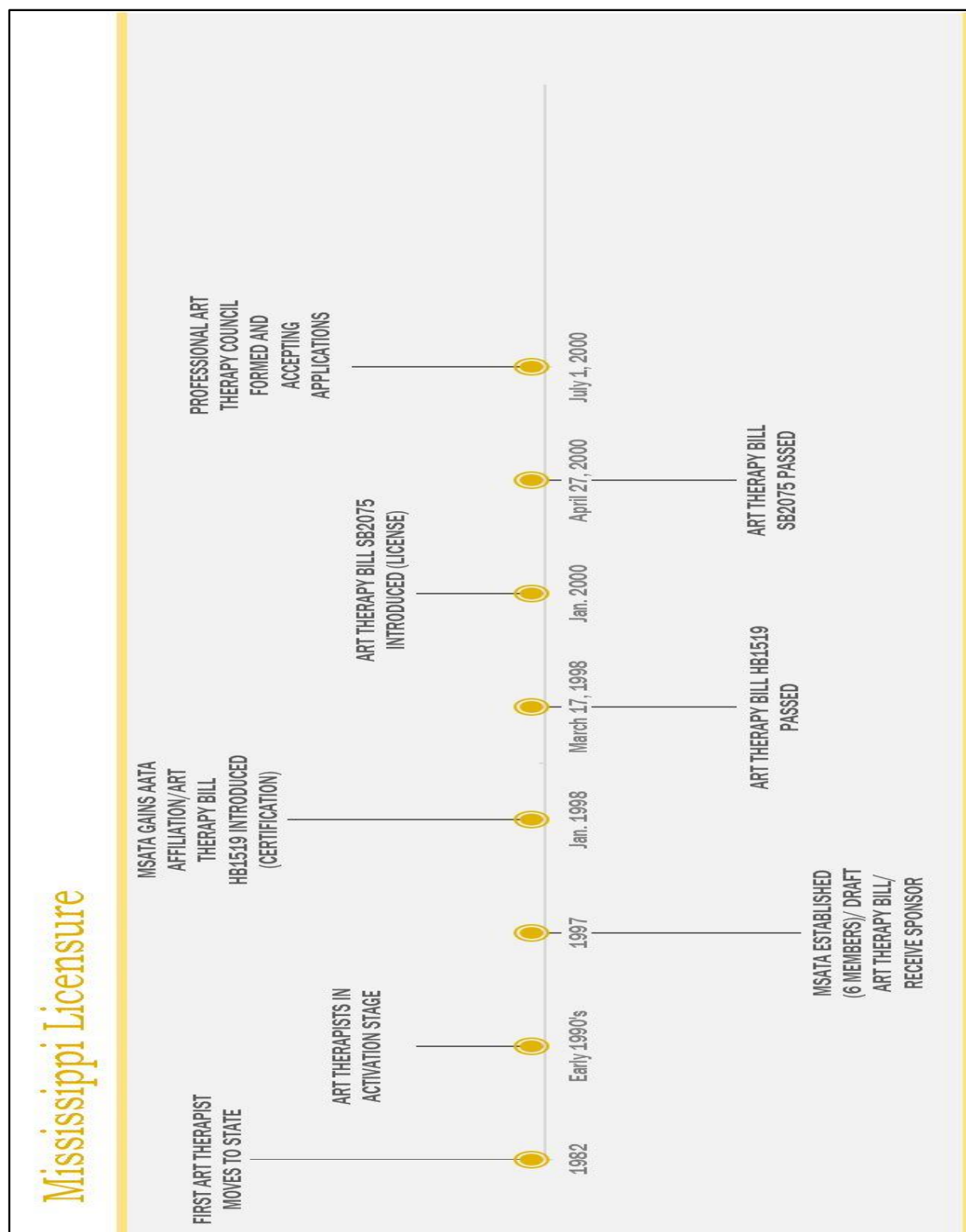
Mississippi. In 2000, the Mississippi Legislature passed a bill that established a Professional Art Therapy Advisory Council and began licensing art therapists as Licensed Professional Art Therapists (LPATs) (Mississippi State Department of Health, n.d.). Art therapy licenses are issued through the Mississippi State Board of Health (AATA, n.d.d).

The Mississippi Art Therapy Association (MSATA) was formed in 1997, but did not receive official AATA affiliation until 1998 (Anand, 2013).

MSATA's advocacy efforts. Susan Anand (2013), an art therapist in Mississippi, published a webinar to show the advocacy efforts that they employed to receive licensure in their state; this webinar is one of two state-roadmaps that are accessible to AATA members. Anand (2013) discusses how art therapists in the state of Mississippi advocated for over 6 years to introduce bills into legislation; Figure 2 shows the timeline for art therapy licensure in the state. This process of advocacy included both legislative and non-legislative tactics in order to successfully gain recognition and garner support from legislators (Anand, 2013).

MSATA's social media. Of the 10 states with art therapy licensure or verbiage inclusive of art therapy, Mississippi is the only state that does not have a website for their state chapter. Additionally, Mississippi does not have a Facebook page; they are the only other state, besides North Carolina, that has a state chapter, but not a Facebook page.

Figure 2

Timeline for Art Therapy Licensure in Mississippi

New Mexico. In 1993, New Mexico became the first state to license art therapists (Good, 1993; Campoli & Chavez, 2013). Licenses are issued in this state by the Counseling and Therapy Practice Board under the Boards and Commissions Division of the New Mexico Regulation & Licensing Department for Licensed Professional Art Therapists (LPATs) (AATA, n.d.d).

Work on licensure began with developing a state-approved definition for an art therapist in the early 1980's with work from the GAC of The New Mexico Art Therapy Association (NMATA) (Good, 1993).

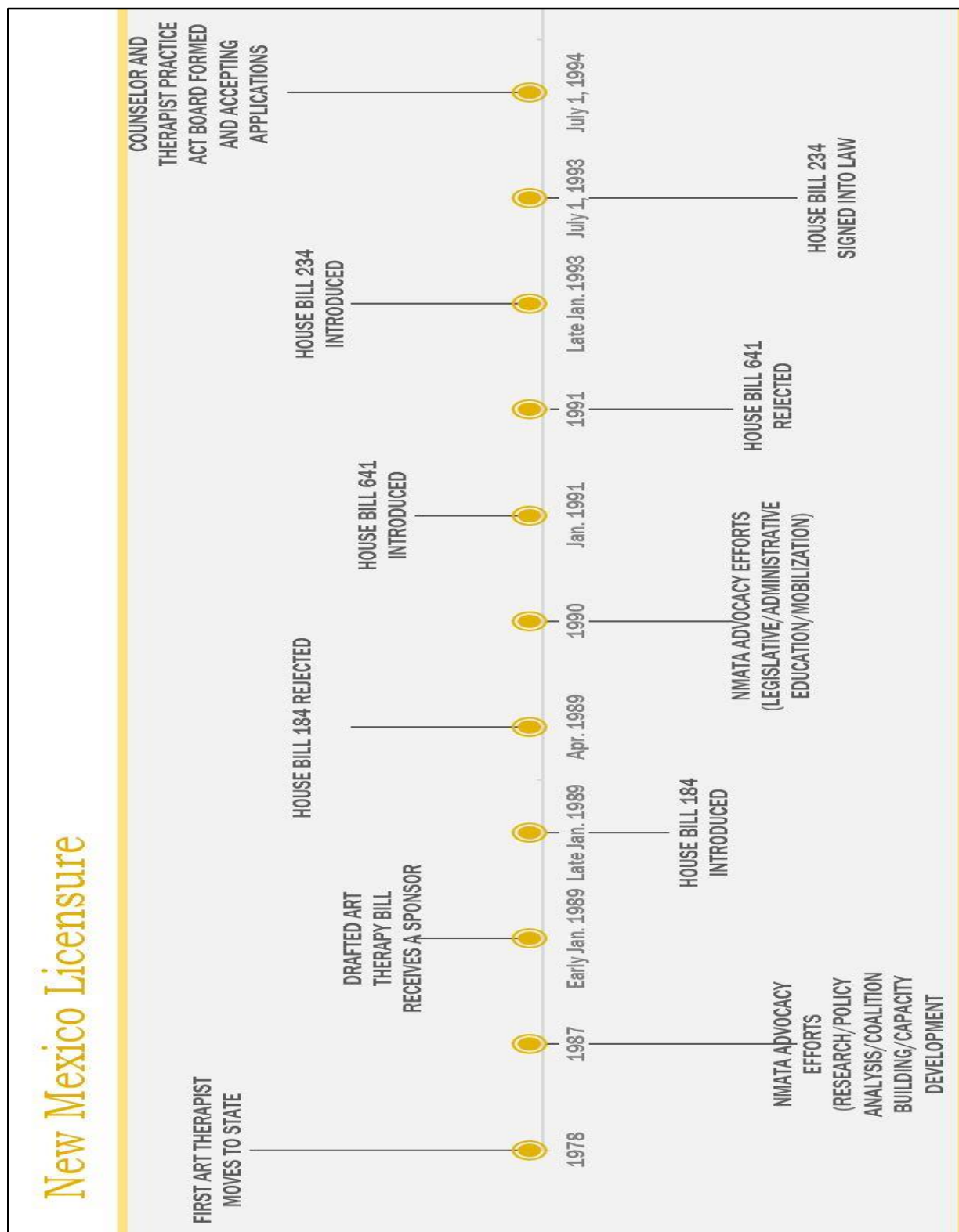
NMATA's advocacy efforts. In 1993, former board member of NMATA, Deborah Good, published an article that described the advocacy efforts, from the first art therapist arriving in the state to the successful passing of an art therapy bill. Figure 3 shows the timeline of events as described by Good (2013).

NMATA's social media. Former NMATA President Laura Lansrud-Lopez (2013) stated that social media "is a crucial frontier for connecting, sharing, and collaborating in this digital age" (p. 1). In 2013, NMATA formed a three-person Social Media Committee in order to increase their online presence and in 4 months increased their "likes" from 250 to over 1,400 (Lansrud-Lopez, 2013).

NMATA has a Facebook page, Pinterest, Twitter, and LinkedIn Account. Out of all of the state/regional chapters, NMATA has the largest amount of likes/follows on their group page (NMATA, n.d.). NMATA's Facebook page has recruitment opportunities, for instance, they are actively seeking volunteers to join their Legislative Committee to work on an LPAT insurance reimbursement bill (NMATA, 2015).

On the NMATA website, visitors are given access to a blog which serves as an up-to-date supplement to their newsletter (containing information on upcoming events as well as goals, objectives, and opportunities for continuing education units).

Figure 3

Timeline for Art Therapy Licensure in New Mexico

New Jersey. The Art Therapy Licensing Act (NJ-A1783) received bi-partisan support, first being introduced in 2014 and finally being signed into effect in 2016 (McKeon, 2016). The Professional Art Therapy License (LPAT) is issued by the State Board of Marriage and Family Therapy Examiners and consists of a 5-member Art Therapists Advisory Committee (AATA, n.d.d).

New Jersey Art Therapy Association's (NJATA) advocacy efforts. According to Pamela Ullman, President of NJATA, the process of attaining licensure was a six year process that involved advocacy efforts from NJATA members who made phone calls and wrote letters to the state representatives in support of NJ-A1783 (AATA, 2016b).

NJATA's social media. NJATA's website contains information regarding the recently changed law and how the implemented changes will impact current and future art therapists in the state (NJATA, n.d.b). According to NJATA (n.d.b), they have "6 months to put the professional committee together to establish protocols (anticipating this to happen by summer 2016) and up to a year to have it become a viable law" (NJATA, n.d.b, "FAQ's," para. 1).

NJATA created its Facebook page in 2011, and for the past year has made several posts per month regarding art therapy news and events in the state (NJATA, n.d.a).

New York. Licensed Creative Arts Therapists (LCATs) are licenses issued by the Office of the Professions of the New York State Education Department. (AATA, n.d.d). Under this license, several professional organizations and their members are represented: The New York Art Therapy Association (NYATA), the New York Association for Marriage and Family Therapy (NYAMFT), the New York Mental Health Counselors Association (NYMHCA), the National Association for the Advancement of Psychoanalysis (NAAP), the North American Drama Therapy Association (NADTA), the New York State American Dance Therapy

Association (NYSADTA), and the American Music Therapy Association (AMTA-NYS) (NYATA, n.d.d).

NYATA's advocacy efforts. NYATA's Board "has worked hard to inform its members of current priorities, and help prepare them to be effective advocates on important legislation," (NYATA, n.d.c. "LCAT Licensure Information," para. 1). NYATA (2013) proposed a "Grassroots Strategy" with the goal of encouraging New York State legislators to modify the scopes of practices of Mental Health Practitioners to give art therapists the ability to diagnose their patients.

To encourage its membership to participate in this effort, NYATA put together a tentative timeline for completion of this goal, and steps to be taken to achieve the goal within a timeframe (NYATA, 2013). Information was available on their Facebook page as well as on their website during this Grassroots Strategy (NYATA, 2013; NYATA, n.d.a). Concurrently, NYATA chapter members joined with the other creative therapies represented under the LCAT license to strengthen their voice and presence to legislators (NYATA, n.d.d).

NYATA's social media. On the NYATA website, there are several resources available for individuals to join their advocacy efforts including two private groups that offer membership (NYATA, n.d.b). The New York Coalition of Creative Arts Therapies (NYCCAT) is a private group that was founded on December 1, 2000, and currently has 1,758 members from different creative art therapies (NYCCAT, n.d., "Group Description," para. 1). The NYATA e-group is a private group that was founded on October 8, 2000, and currently has 298 members (NYATA, n.d.b, "Group Description," para. 1).

NYATA's Facebook page was started in 2010, and has made weekly posts for the past year (NYATA, n.d.a). NYATA's Facebook page includes different correspondence between the chapter and its members, including positions that are available within the chapter.

Pennsylvania. In the Pennsylvania statute, art therapy is defined as a "closely related field" to the practice professional counseling license, so individuals with Master's degrees and Doctorate degrees are included with the ATCB Board Examination as the qualifying licensing exam (Pennsylvania Department of State, n.d.a). Professional Counselor Licenses (LPCs) are issued by the State Board of Social Work, Marriage and Family Therapists and Professional Counselors by Pennsylvania's Secretary of State (AATA, n.d.d). This state board "protects the public from unprofessional, improper, unauthorized and unqualified practice of social work, licensed marriage and family therapy and licensed professional counseling" (Pennsylvania Department of State, n.d.b, "State Board," para. 1).

Pennsylvania is a member of the Delaware Valley Art Therapy Association (DVATA), which also serves Delaware and Southern New Jersey (DVATA, n.d.c).

DVATA's advocacy efforts. According to DVATA (n.d.c), their mission is to "promote the development of public awareness of the field of art therapy through the advancement of research, professional standards, education, legislation and public forums" ("Mission," para. 1). DVATA provides information on public education opportunities that their members can participate in (DVATA, n.d.c).

DVATA's social media. On their website, DVATA has listed several advantages to joining the local and national organization which include "networking opportunities, job opportunities, quarterly newsletter, e-news including announcements, events, and workshops, as well as members only access to the site," (DVATA, n.d.b, "Frequently Asked Questions," para.

19). DVATA is one of only a few states in this study that offer their members “members only” access to their website.

DVATA’s Facebook page, which has been active since 2010, is currently being updated weekly with art therapy news stories, videos, and relevant chapter news (DVATA, n.d.a)

Texas. In 1999, art therapists were recognized as Licensed Professional Counselors with Specialization in Art Therapy (LPC-AT) issued by the Texas State Board of Examiners of Professional Counselors (AATA, n.d.d; Texas Department of State Health Services, n.d.). According to the Texas Department of State Health Services (n.d.), the term “art therapist” is a special designation that can accompany the professional counselor license if the proper educational requirements are met. Texas has two chapters, the North Texas Art Therapy Association (NTATA) and the South Texas Art Therapy Association (STATA).

STATA and NTATA’s advocacy efforts. Each chapter has their own distinct board, websites, meeting spots, chapter logo, and Facebook page. Despite the separateness of each of these chapters, both chapters share the same objectives and mission which are to:

“Aim treatment most effectively toward rehabilitation and the improvement of human welfare; to improve the effectiveness of those engaged in art therapy through the means of meetings and seminars; to provide a professional support system for the profession and its practitioners regionally; and to encourage the development of professional training opportunities in art therapy and inform people about the field of art therapy” (NTATA, n.d.; STATA, n.d.).

STATA and NTATA’s social media. STATA’s Facebook page was started on October 2011. NTATA’s Facebook page was started on July 2014. STATA is the only chapter in this study that has a published copy of their meeting notes available to the public.

Utah. In 2014, art therapists with clinical art therapy master's degrees qualified to apply for the Associate Clinical Mental Health Counselor license administered by the Utah Division of Occupational and Professional Licensing (AATA, n.d.d). Despite this inclusive verbiage in the statute, art therapists from the Utah Art Therapy Association (UATA) are still advocating for an independent art therapy license.

UATA's advocacy efforts. On February 9, 2016, UATA participated in "Arts Day on the Hill." Their participation in this event was communicated on their website and on their Facebook page (UATA, n.d.a; UATA, n.d.b). The fifth annual Arts Day on the Hill is an event where representatives from the arts and humanities community are given the opportunity to meet and talk with their state senators and representatives (Utah Division of Arts and Museums, n.d.). This event was a two day affair, the first day which included a training on introducing legislation, and another on grassroots advocacy (Utah Division of Arts and Museums, n.d.).

The informational handouts that were given out by UATA during this event included information on the profession of art therapy, its efficacy, and why it should have its own independent license (UATA, 2016).

UATA's social media. Out of all of the states included in this study, UATA is the only website that does not have the presence of the AATA logo (UATA, n.d.b). UATA has a Facebook page that has been active since 2012, and for the last year has been publishing monthly updates on their advocacy activities and art therapy events available to the public (UATA, n.d.a).

Wisconsin. Registered Art Therapists with License to Practice Psychotherapy are issued by the Wisconsin Department of Safety and Professional Services to qualifying art therapists who have an ATR, ATR-BC, or an ATCS (AATA, n.d.d). Within the Wisconsin Statutes and

Administrative Codes, art therapy is contained within a section related to the practice of music, art and dance therapies (Wisconsin Department of Safety and Professional Services, n.d.).

WATA's advocacy efforts. Former WATA President Marianne Huebner (whose tenure ran from January 2012 to December 2013), stated that being on the Board of Directors allowed her to serve the its members by advocating for them through the changes that were made (Huebner, 2013).

With approval from the Board of Directors, social media pages were created which provided “a way to connect, discuss, and remain active with members, other affiliate chapters, and to bring awareness to a public who might otherwise not know about art therapy (Huebner, 2013, p.2).

WATA's social media. One of the most notable changes to the website was adopting the affiliate chapter logo of AATA which allowed the chapter to align themselves closer to the larger organization (Huebner, 2013). Another addition to their website was the inclusion of their 5-Year Strategic plan, contained within their newsletter “The Sketchpad.” According to the former President of WATA, Rene Burgoyne (whose tenure ran from January 2014 to December 2015), these are the goals of their 5-Year Strategic plan:

Goal 1: Grow a diverse, interdisciplinary, professional network of art therapist professionals. Goal 2: Increase the larger community's knowledge of art therapists as health care professionals. Goal 3: Influence the ability of art therapists to build a rewarding career through continuing education (CEUs), career development and networking opportunities (2013, p.1).

WATA's Facebook page has been active since 2011, although it cannot be found by searching for the “Wisconsin Art Therapy Association;” the search result only when searching

for the acronym. Updates to WATA's Facebook page have been done bi-monthly for the past year (WATA, n.d.).

Advocacy Efforts in Indiana

In order to practice art therapy, one must earn a master's level education which gives knowledge of "studio art (drawing, painting, sculpture, etc.) and the creative process," in addition to content areas such as psychopathology, human growth and development, assessment and evaluation and psychology theories and techniques; the education also includes 100 hours of supervised practicum and 600 hours of supervised clinical art therapy internship (AATA, n.d.a, "How Do I Become," para. 2). Indiana law does not recognize this foundational training nor the additional required competencies necessary to call oneself an art therapist in any of their codes, regulations, or statutes.

State licensure laws and regulations prevent unqualified individuals from "performing certain activities outside that particular profession's scope of practice, unless they are legally exempt from that requirement" (AATA, 2015c, "Overview," para. 1). In the state of Indiana, the law does not include title protection for art therapists, which means only certain, qualified professionals can use that job title which signifies their background and experience (IPLA, 2014b).

Currently, art therapists in the state of Indiana do not have a distinct license, but are eligible to become licensed mental health clinicians (LMHCs) if they meet institutional requirements, educational requirements, clinical experience, and examinations that have been set by the IPLA (IPLA, 2014a). This is the equivalent of an LPC or an LCPC in other states (ACA, 2011).

The IPLA is the organization that licenses professionals within the state of Indiana (IPLA, 2016). The IPLA is the “umbrella agency for 38 professional boards and commissions that regulate 493,079 professionals and businesses licensed to perform 134 different occupations” (IPLA, 2014b, p. 1).

Secondary to the IPLA is the JCC, which was established in 2014 by the Indiana General Assembly in order to ensure the efficacy of the IPLA (IPLA, n.d.c). The JCC was formerly known as the Regulated Occupations Evaluation Committee (ROEC) in 2010 and later dissolved into the Eliminate, Reduce, and Streamline Employee Regulation (ERASER) Committee in 2013 (JCC, 2015). Prior to the creation of the JCC (and the previous committees/acronyms which it was known), there was a lack of consistency with the IPLA (JCC, 2015).

Self-certification system. Indiana is in the process of defining a system that may recognize the certification credentials of professionals (IPLA, 2014c). The IPLA released a report in September 2014 titled “SEA 421 Report: Establishing a Process for Self-Certification Registration.” In this report, a proposal was made to “establish a portal that would facilitate the use of private and voluntary certification as a complement to other state-authorized occupational licensing regimes” (IPLA, 2014b, p. 31). Through this process, individuals would earn a title of being “State Certified” which would move away from licensure and make a push more towards certification (IPLA, 2014c).

Some of the burdens to the licensure process were cited as a motivation for this initiative (IPLA, 2014b). “Certification enables professionals of a given industry to seek additional education and distinction as a means to differentiate themselves from their competitors – free of bureaucratic interference” (IPLA, 2014b, p. 3). Additionally, this proposal sought to take the process of “micromanaging” specific criteria within a license away from state legislators (IPLA,

2014b). This proposed system would allow for many of the same benefits of licensure with lowered costs to consumers or individuals who receive services (IPLA, 2014c).

Self-Certification Registration Legislative Panel. The IPLA studied the process of self-certification registration and issued a report to its legislative council on August 4, 2014. According to IPLA (2014c), there are approximately 632,000 individuals of an approximate 3.3 million person workforce in Indiana who have some type of professional designation (i.e. professional license). According to the IPLA's Self-Certification Registration Legislative Panel (2014c), by implementing a process of self-certification, the state is seeking to achieve the following:

- 1) Reduce administrative costs to the state
- 2) Minimize bureaucratic interference
- 3) Provide adequate title protection to occupations and increase the availability of information about providers to the public
- 4) Provide an alternative and/or complement existing licensure that will reduce problems that are caused by traditional licensure which include restrictions on economic development.

Adam Berry, the regulatory policy director and special counsel at the Governor's Office in Indiana, said that the process of self-certification is, "in essence, a hybrid between registration, title protection, and certification" (IPLA, 2014c, p. 3). During this legislative panel, a discussion ensued to explore the different ways which self-certification would benefit different industries if it were to be implemented. While discussing state licensure, Berry used art therapy as an example:

The key distinction between self-certification, registration, and traditional licensure is as follows: no law will prevent someone from practicing art therapy in Indiana regardless of the credentials he earns or whether he registers with IPLA; however, only someone who earns specific credentials and voluntarily registers may use the title ‘state certified art therapist’ (IPLA, 2014c, p. 4).

Economist Morris Kleiner from the University of Minnesota independently looked at the data from the SEA 421 Report and concluded that certification would be better than occupational licensing within the state of Indiana (IPLA, 2014c). One of the primary reasons that Kleiner cited was that a system of certification could potentially reduce unemployment rates in the state (IPLA, 2014c). According to Kleiner, “Licensing restricts the practice of an occupation. Certification restricts the use of the title” (IPLA, 2014c, p. 114).

Background of INDIATA. AATA chapters are responsible for conducting meetings and promoting the field of art therapy on a local level (AATA, 2015b). INDIATA became an AATA approved chapter in 2012 with a mission “to connect and develop a creative community interested in the promotion, education and future development of the field of art therapy in Indiana” (INDIATA, n.d.d, “Mission,” para. 1; INDIATA, 2012).

Organizational structure of INDIATA. In order to be a member of an official AATA state chapter, one must have an active AATA membership (AATA, 2014b). The different membership categories are: professional, certified professional, student, associate, retired professional, and honorary life member (AATA, 2014a). According to the AATA Chapter Manual (2014a), individuals who do not meet the qualifications for Professional Membership, but who are currently enrolled in institutions of higher learning, are eligible for Student

Membership. Student Members shall be entitled to serve on committees and attend the annual meeting, but do not have the right to vote or hold office (AATA, 2014a).

In order to be a board member in a chapter organization, one must be a professional member of AATA in good standing (AATA, 2014a). INDIATA has an organizational hierarchy that is in accordance with AATA rules and regulations for chapters (see Appendix C).

Legislative tactics. Decisions that are made on behalf of the state chapter occur through elected board members. Additionally, chapters may create their own rules, so long as they do not conflict with the bylaws that AATA has set forth (AATA, 2013c).

INDIATA supports the Art Therapy Practice Act which would provide a clear definition for a professional art therapist, and “protect the public and improve mental health outcomes by prohibiting unqualified practitioners from advertising themselves or otherwise holding themselves out to be art therapists” (INDIATA, n.d.e, “Legislative Summary,” para. 4).

Non-legislative tactics. Chapters help to promote awareness of the art therapy profession by spreading the word during conferences, workshops, art shows, and different collaborations in the community (Graves, 2015). Within the past few months, INDIATA has hosted several community events in the Indianapolis area to increase public awareness and educate the public about art therapy (INDIATA, n.d.a; INDIATA, n.d.b).

Art therapy programs in Indiana. The accreditation of art therapy master’s programs is the first step to ushering graduates towards licensure across the country (Doby-Copeland, 2015). There are currently two programs that offer a master’s degrees in art therapy in Indiana: The Herron School of Art and Design and St. Mary of-the-Woods College.

Educational Requirements. According to AATA (2016), educational requirements of these art therapy programs include, but are not limited to, “theories of art therapy, counseling,

and psychotherapy; ethics and standards of practice; assessment and evaluation; individual, group, and family art therapy techniques; human and creative development; multicultural issues; research methods; and internship experiences in clinical, community, and/or other settings” (“Art Therapy Educational Standards,” para. 2).

Currently, Saint Mary of-the-Woods College is the only EPAB approved master’s level art therapy program in the state of Indiana, having received their initial approval in 2011 (AATA, 2016a). The art therapy program at the Herron School of Art and Design cannot yet receive EPAB approval, because of a requirement that a program needs to have graduated three classes of students (AATA, 2007); in May of 2016, Herron will be graduating its third class of students.

Social media. Linda Bannister, who serves a non-auxiliary position for INDIATA, maintains the INDIATA website and handles communication/public relations for the organization (INDIATA, n.d.c). There is a link to join the INDIATA mailing list on the landing page of the group’s website (INDIATA, n.d.c). The INDIATA site itself has been recently updated (as of March 29, 2016). Information on the website’s blog has not been updated since 2013 and is inaccessible through any active links on the INDIATA site (INDIATA, 2013).

INDIATA’s Facebook group currently has 111 members (INDIATA, n.d.a). Facebook groups are designed to be a place where members that share a common interest can communicate and express their opinions (Hicks, 2010). A Facebook group differs from a Facebook page which is where businesses and organizations can establish a public, online presence (Hicks, 2010). INDIATA’s Facebook group is a “public” which means that the members of the group are displayed and it is and is open to anyone—including non-members—to see communications/posts (INDIATA, n.d.a).

CHAPTER III

METHODS

Design

This study utilized a mixed-methods research design that employed an integrative systematic literature review, a personal survey, and interviews.

An integrative systematic literature review was conducted in order to gain an understanding of what art therapy advocacy efforts had been conducted within the United States, specifically what had been done by AATA and the state chapters of AATA, respectively. By conducting this systematic literature review on what had been done within art therapy advocacy nationally and locally, it was hypothesized that the information could be synthesized in order to build a framework demonstrating the current and future efforts to mobilize advocacy.

Information that related to this hypothesis was compared in order to identify similarities in advocacy efforts from states who had successfully advocated for art therapy licensure. The data from the literature review informed the questions that were conceptualized and were asked during the survey portion of this study. The survey questions were administered to active members of the 2014-2016 INDIATA board. The purpose of the survey was to fill in the gaps of published information to show what had been done by INDIATA in terms of advocacy, because little information was available publicly.

Information was also gained from interviews with current and past presidents of INDIATA in order to fill in informational gaps from the survey. Interviews allowed the researcher to “gain insight into lived experiences, learn the perspectives of individuals participating in a study, and discover the nuances in stories (Jacob & Ferguson, 2012, p. 1).

Location and Time Period for Study

Following IRB approval of the survey protocol, the recruitment process and survey were conducted between January 1, 2016 to February 29, 2016. The e-mail survey was conducted in SurveyMonkey with the survey window closing on February 29, 2016.

Enrollment Information, Subject Type, Subject

The survey was sent to active board members of INDIATA. The researcher worked with an advisor who was also an active AAT/INDIATA board member and INDIATA legislative representative during this research period. Interviews were conducted with the current and past presidents of INDIATA.

Recruitment

Individuals were selected based on their position on the board of INDIATA. The researcher e-mailed an initial letter of inquiry requesting their participation in the survey (See Appendix D). This e-mail included a link to the interview questions (See Appendix E).

Investigational Methods and Procedures

Research articles on advocacy, editorials, professional correspondences, and websites of art therapy professional associations are used as sources in this literature review. Articles and editorials were found utilizing available databases at Indiana University Purdue University Indianapolis (IUPUI). Electronic search engines included Academic Search Premier, ERIC, ProQuest, PsychArticles and PsychInfo (See Appendix F). Several search terms have been utilized within these databases (see Appendix G).

The GAC is scheduled to meet via telephone at least once during each calendar quarter (AATA, 2010); during the research period, two teleconferences were scheduled (one to occur on January 11, 2016 and a second on March 8, 2016). The researcher attended the meeting on January 11, 2016, participating as an observer, keeping track of minutes, and transcribing the

dialogue between participants (see Appendix I). The meeting that was scheduled to occur on March 8, 2016 was canceled.

For the survey portion of this study, a letter of correspondence was sent to the current board members of INDIATA. Included in this correspondence letter was a hyperlink to a survey with a requested completion date of February 29, 2016. A reminder e-mail was sent on February, 25, 2016 for those interviewees who did not respond to the initial request (see Appendix J). Completed surveys were collected on March 1, 2016.

The official chapter websites, Facebook pages/groups, and social media group pages of art therapy professional associations were utilized in order to find professional correspondences and presentations that related to advocacy efforts within the field of art therapy. The categories of advocacy activities found on Table 2 were used as a way to group the data of the advocacy efforts from INDIATA and other states who have successfully attained licensure.

Data Collection:

Participants in the survey were given a hyperlink to SurveyMonkey. Answers to the survey were open-ended and allowed the interviewee to type in their answer. Minutes for the January 11, 2016 GAC meeting were transcribed (see Appendix I).

Data Analysis:

The information that was obtained from the survey portion of the study was numbered, catalogued, and synthesized for commonalities in themes (see Appendix K).

Data analysis will begin with reading the found sources, and narrowing down sources that fit with the purpose and rationale of the study. Data analysis was also conducted by recording and tracking relevant information on a literature matrix which included the database, search terms, number of articles found, URL/APA citations, author, and rationale. Data that will be

included are articles and editorials that focus on advocacy within the field of art therapy as well as other creative arts disciplines.

Possible Risks and Discomforts to Subjects

There was minimal risks associated with this study as interviews provided low exposure to physical, psychological, social, or economic (Office for Human Research Protection, 1993).

CHAPTER IV

RESULTS

Online Survey

Online surveys were sent to the six 2014-2016 INDIATA board members; four of the board members responded (a 67% response rate). There were six open-ended questions asked in the survey (see Appendix E). These anonymous responses to the survey were analyzed to find commonalities in the answers (see Appendix K). Table 6 organizes the information from the survey into three categories: legislative tactics, non-legislative tactics, or none; the categories on this table are based on a framework from Sarmiento Mellinger (2014).

Table 6

Survey Responses Showing Advocacy Tactics

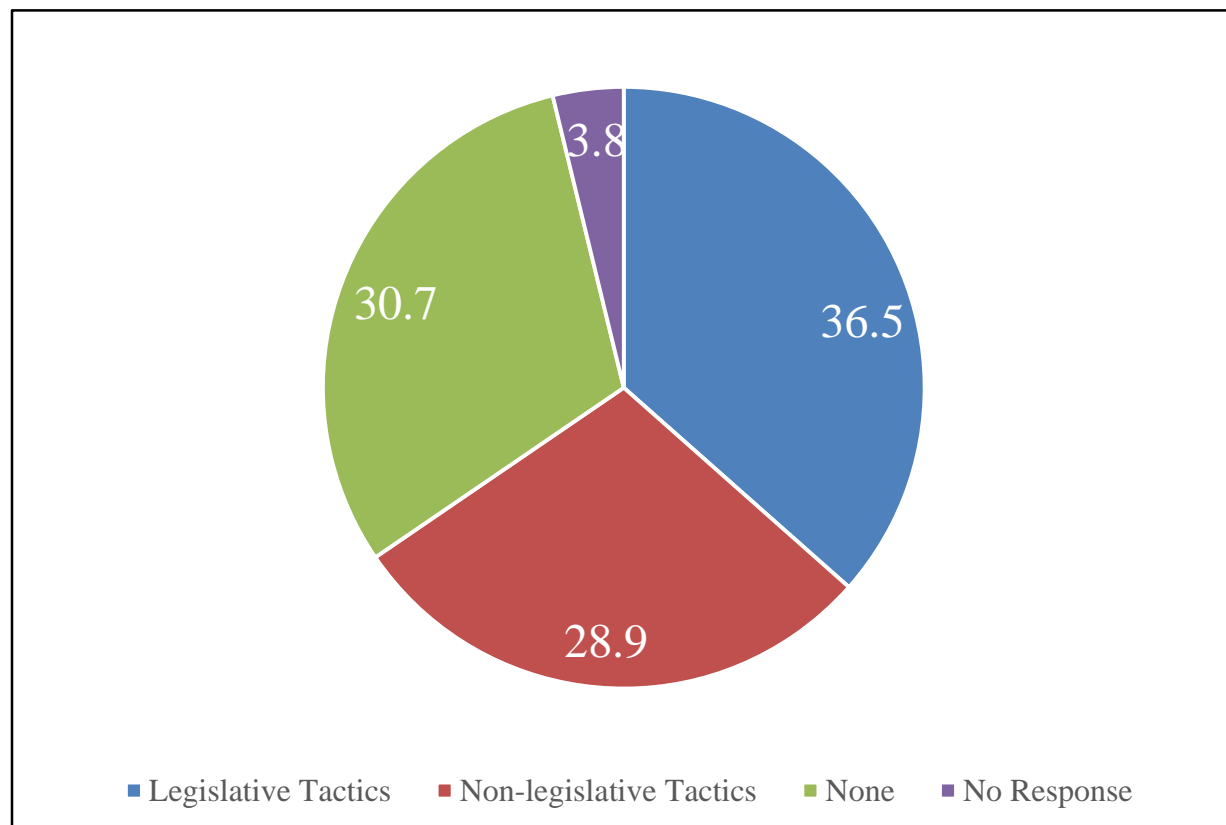
Survey Question	Legislative Tactics	Non-legislative Tactics	None	No Response	Total
Question #1	25%	25%	50%	0%	100%
Question #2	50%	50%	0%	0%	100%
Question #3	37.5%	12.5%	50%	0%	100%
Question #4	0%	0%	100%	0%	100%
Question #5	50%	50%	0%	0%	100%
Question #6	25%	50%	0%	25%	100%

Figure 4 organizes the overall responses from the survey. 36.5% of respondents believe that INDIATA has used legislative tactics when advocating within the state. 28.9% of respondents believe that INDIATA has used non-legislative tactics when advocating within the

state. 30.7% of responses did not fit within either of these categories. 3.8% of the responses were due to a question being skipped on the survey.

Figure 4

Overall Responses Showing Advocacy Tactics



Question 1: Definition of advocacy. Three respondents (75%) said that the definition of advocacy pertains to promoting or furthering a specific cause. One respondent (25%) stated that advocacy involves working on behalf of an organization or individual to educate the public in order to facilitate change (non-legislative tactics). One respondent (25%) described advocacy involving making changes within organizations, communities, and government (legislative tactics).

Question 2: Advocacy efforts of INDIATA. One respondent (25%) answered the question utilizing the term “I,” referring to advocacy efforts that were done specifically by this

person on behalf of the organization. Three respondents (75%) gave answers that reflected advocacy efforts that INDIATA has done—as a collective—within the community. All of the respondents (100%) described advocacy efforts utilizing both legislative and non-legislative tactics.

According to the surveys, members of INDIATA have talked to state representatives and senators to advocate for art therapy. Additionally, there have been fundraisers held in order to raise money to handle these initiatives. According to one respondent, a mental health lobbyist, Steve McCaffrey, stated that in order to become a noticeable presence among other mental health professions within the state of Indiana, approximately 250 people would need to be in the INDIATA membership.

Question 3: INDIATA's published advocacy efforts. One respondent (25%) discussed published literature in terms of interviews that have been done with board members over the years. One respondent (25%) cited information available on the INDIATA website, letters that have been written, and brochures that have been given out in the community (legislative and non-legislative tactics). One respondent (25%) cited information available on the AATA website. One respondent (25%) mentioned documents on how to talk to possible supporters of licensure (legislative tactics).

Question 4: Coordinating advocacy efforts in Indiana. Three respondents (75%) discussed the need to increase INDIATA membership. One respondent (25%) stated the need to access a large number of art therapy supporters.

Question 5: Best advocacy approach for Indiana. Two respondents (50%) discussed the need for advocacy efforts to focus on licensure and title protection (legislative tactics). One respondent (25%) discussed advocacy in terms of clearly identifying the role and expectations of

an art therapist (non-legislative tactics). One respondent (25%) discussed increasing the prevalence of art therapists (non-legislative tactics).

Question 6: Future direction of INDIATA advocacy efforts. Three respondents (75%) discussed growing INDIATA membership. One respondent (25%) provided no response. Two respondents (50%) discussed increasing networking opportunities in order to build support for the profession (non-legislative tactics). One respondent (25%) discussed the need to connect with those in positions of power such as state reps, senators, lobbyists (legislative tactics).

Interviews

Interviews were conducted with Michelle Itczak, Jessica Buescher, and Tami Harris, who were/are the presidents of INDIATA from its inception in 2012 until present (see Table 7). Additionally, a non-auxiliary board member, Linda Bannister, who conducts Public Relations/Communications for the chapter, was interviewed in order to discuss communication and social media advocacy efforts of the chapter.

Table 7

History of INDIATA Presidents

INDIATA President	Term
Michelle Itczak	January 2012 - December 31, 2013
Jessica Buescher	January 1, 2014 – December 31, 2015
Tami Harris	January 1, 2016 – Present

History of INDIATA. According to Michelle Itczak, former President of INDIATA, there was a previous, disbanded chapter of INDIATA that existed prior to the current chapter becoming an official, AATA-approved state chapter in late January 2012 (personal

communication, February 5, 2016). Itczak said that art therapists began meeting and working unofficially for two years in order to network and collaborate, particularly working with former INDIATA President Jessica Buescher to research what the requirements were to become an official AATA state chapter (personal communication, February 5, 2016).

Currently, there are forty-five members of INDIATA, although there are more art therapists practicing in the state that are not members of the organization (J. Buescher, personal communication, February 3, 2016).

According to Buescher, Indiana has made progress with hiring art therapists alongside other mental health therapists, and has grown in terms of offering the similar jobs and opportunities when compared to other states in the Midwest (personal communication, February 3, 2016).

Buescher stated that growth within the chapter seemed to be encouraged as potential for membership numbers increased in 2012 with the art therapy program that was started at the Herron School of Art and Design (personal communication, February 3, 2016).

According to Tami Harris (whose presidency began retroactively on January 1, 2016), it will take about six months to enact her new vision for the chapter which include: improving communication, supporting/growing the chapter, providing education opportunities in the form of professional advocacy, holding individuals accountable, and working towards state licensure (personal communication, April 2, 2016).

Harris stated that she sees her role of president as doing what is in the best interest of the chapter and its membership (personal communication, April 2, 2016). Echoing the sentiment of the former INDIATA President Beuscher, Harris wants to continue working on the internal

communication of the chapter (J. Beuscher, personal communication, February 3, 2016; T. Harris, personal communication, April 2, 2016).

According to Harris, the organization has a new momentum with the change in presidency including weekly telephone meetings with the other board members and setting the dates for the rest of INDIATA board meetings for 2016 calendar year (personal communication, April 2, 2016). Another change that was suggested by two INDIATA presidents was varying the location of the INDIATA meetings which, previously, occurred in one location year-round (M. Itczak, personal communication, February 5, 2016; T. Harris personal communication, April 2, 2016).

Legislative tactics. The process of communicating with AATA through a liaison or speaker was an effective process where INDIATA had support of AATA (J. Buescher, personal communication, February 3, 2016). Harris stated that in terms of licensure for the state of Indiana, she is planning to meet with members of AATA to make sure that the goals of INDIATA align (personal communication, April 2, 2016).

“It might be a good idea to attend or consult with leaders from other, more established chapters to help us. If we could obtain a 'mentor' to help us grow and build a strong chapter” (M. Itczak, personal communication, April 2, 2016). Itczak said INDIATA is still a young state in terms of developing stages of developing art therapy within the state (personal communication, February 5, 2016).

All three of the INDIATA presidents expressed the large time commitment that is involved with working for a nonprofit volunteer organization, especially with regards to the time commitment needed for advocacy (J. Buescher, personal communication, February 3, 2016; M.

Itczak, personal communication, February 5, 2016; T. Harris, personal communication, April 2, 2016).

Itczak stated there appeared to be some hesitancy during her presidency among members to pursue legislative action due to their unfamiliarity with the process (personal communication, February 5, 2016). “I began feeling burned out after feeling like a lot of the work fell to a few people” (M. Itczak, personal communication, February 5, 2016).

Non-legislative tactics. Providing education opportunities, expanding knowledge of what art therapy is in the Indianapolis community is a priority of Harris’ vision for the INDIATA chapter (personal communication, April 2, 2016). The organization is growing, and their quarterly membership meetings are open to all those that are interested, whether they are currently INDIATA members or not (J. Buescher, personal communication, February 3, 2016).

According to Beuscher, one aspect of leadership that they have worked on over the past year and a half is streamlining the communication among its members and they have done by maintaining e-mail addresses as well as keeping information up-to-date on their Facebook group (personal communication, February 3, 2016).

Bannister said that e-mail addresses are handled by an electronic database called MailChimp (personal communication, March 16, 2016). MailChimp is an automated e-mail marketing service that can send marketing emails, automated messages, and targeted campaigns to individuals who sign up to be on an organization’s mailing list (MailChimp, 2016).

Social Media. Bannister has a background in marketing and has been the webmaster for the INDIATA website for the past year. Bannister stated, “Sometimes I attempt to be more proactive when it comes to crafting content or creating it from what others have given me, but as

far as real news and information goes, I receive that from the board members” (personal communication, March 16, 2016).

Information is not always updated in a timely manner, for instance, the dates for last year’s INDIATA meetings were not up-to-date and Bannister had to seek the information from board members in order to make updates to the website; Bannister said, “Sometimes it’s a little tricky to get everyone on the same page in terms of getting that content generated” (personal communication, March 16, 2016). The website is not updated frequently enough because the webmaster has to rely on individual board members to provide the content, since the webmaster only publishes the content (L. Bannister, personal communication, March 16, 2016).

According to Bannister (personal communication March 16, 2016), everyone who holds a position on the INDIATA board has login information to moderate information on the Facebook group—whether that means adding content, or deleting inappropriate content (e.g. an automated spam post). During the board meeting, it appeared that any communications aside from show/gallery announcements need to be approved by the INDIATA president (INDIATA meeting, observation, March 20, 2016).

The button that is found on the homepage for “Join the Mailing List” has only been active for about four months and since its addition, several new recipients have joined the mailing list (L. Bannister, personal communication, March 16, 2016). Communication has increased as the e-mail blasts have become more frequent and mirroring has occurred across platforms (e.g. Facebook, e-mails, and the INDIATA website) which provides consistency (L. Bannister, personal communication, March 16, 2016).

As of March 16, 2016, the MailChimp account that is maintained by the MailChimp account of INDIATA, there are 69 e-mail recipients on their list (L. Bannister, personal

communication, March 16, 2016). Prior to the MailChimp account being utilized, the e-mail list was updated via a Microsoft Excel file (L. Bannister, personal communication, March 16, 2016). During the most recent INDIATA meeting, however, there were some concerns expressed by attendees regarding the communication: either there were out-of-date e-mail addresses or communications were not being sent out adequately in the e-mail blasts

INDIATA Chapter Meeting

Every chapter meeting adheres to a particular set of rules, including the presence of an agenda which has been prepared in advance, that has been reviewed by the president, who has the responsibility of assuring that all agenda items are covered during the meeting (AATA (2014a).

During an INDIATA chapter meeting on March 20, 2016, there was a vote where the President-elect, Tami Harris, was chosen to be the new president of INDIATA for the time period of two-years, retroactively starting January 1, 2016. This unanimous vote involved all that were in attendance, with the exception of associate members that were present. Harris took over for Jessica Buescher whose presidency went from January 1, 2014 until December 31, 2015. Harris is the third president of INDIATA since its inception in 2012.

Results from Literature Review

In the process of conducting the literature review and gathering information from the researched sources, the following results were found from AATA and the states with art therapy licensure.

AATA. The AATA website provides a wide variety of tools, documents, PowerPoints, lectures on advocacy, and other material that benefit chapters in their licensure pursuits. This section of the website was searched exhaustively in order to include information that was pertinent to the hypothesis (See Appendix H).

In a presentation by GAC Chairperson Margaret Carlock-Russo (2013), she described several a step-by-step process that AATA had identified to assist with advocacy.

- 1) Build the case for a bill with chapter members and gain their support and involvement
- 2) Assemble your advocacy team (a task force or a committee)
- 3) Learn what you don't know (i.e. insurance, laws in the state)
- 4) Gather background information and endorsements about art therapy efficacy and build the case. People who support art therapy
- 5) Get to know our potential legislative partners (identify who these legislators are)
- 6) Find a sponsor, a person who would be a good sponsor
- 7) Take your case to the legislature

Kremer and Foel (2011) identified that GAC of AATA offers a public policy grant program where funding of \$50 to \$1000 can be provided to chapters who are trying to focus on art therapy licensure in their state. Grant money could be beneficial to forming committees and providing resources, which is already a barrier to effective advocacy due to the limited assets of some nonprofit organizations.

States with art therapy licensure. Table 8 synthesizes the information from the state chapters' websites, describing the type of content that is available for visitors. The presence of a mailing list, list of board members, events calendar, licensure info, an AATA logo and a newsletter were assessed. The information was considered updated if it was accurate on the date of the search (3/29/16).

Table 8

Contents of State/Regional Websites

State	Web Page	Mail List	List of Board Members	Calendar	License Info	Presence of AATA Logo	Updated Info (as of 3/29/16)	News-letter
Kentucky	Yes	No	Yes	Yes	No	Yes	Yes	No
Maryland	Yes	No	Yes	Yes	Yes	Yes	Yes	No
Mississippi	No	-	-	-	-	-	-	-
New Mexico	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
New Jersey	Yes	No	Yes	Yes	Yes	Yes	Yes	No
New York	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Pennsylvania	Yes	No	Yes	Yes	Yes	Yes	Yes	No
Texas (North)	Yes	Yes	No	Yes	Yes	Yes	Yes	No
Texas (South)	Yes	No	Yes	Yes	No	Yes	Yes	Yes
Utah	Yes	Yes	No	No	No	No	No	No
Wisconsin	Yes	No	Yes	No	No	Yes	No	Yes
Percentages	91%	18%	72%	72%	55%	82%	72%	36%

Note: This information was accurate and up to date as of 3/29/16

Figure 5 shows the amount of Facebook support “likes” or members each state/regional AATA chapter has by comparison. The amount of likes on the Facebook page/group corresponds with the organizations’ capacity to engage their constituents and to communicate with them using social media tools (Goldkind, 2014).

Figure 5
Facebook Likes for State/Regional AATA Chapters

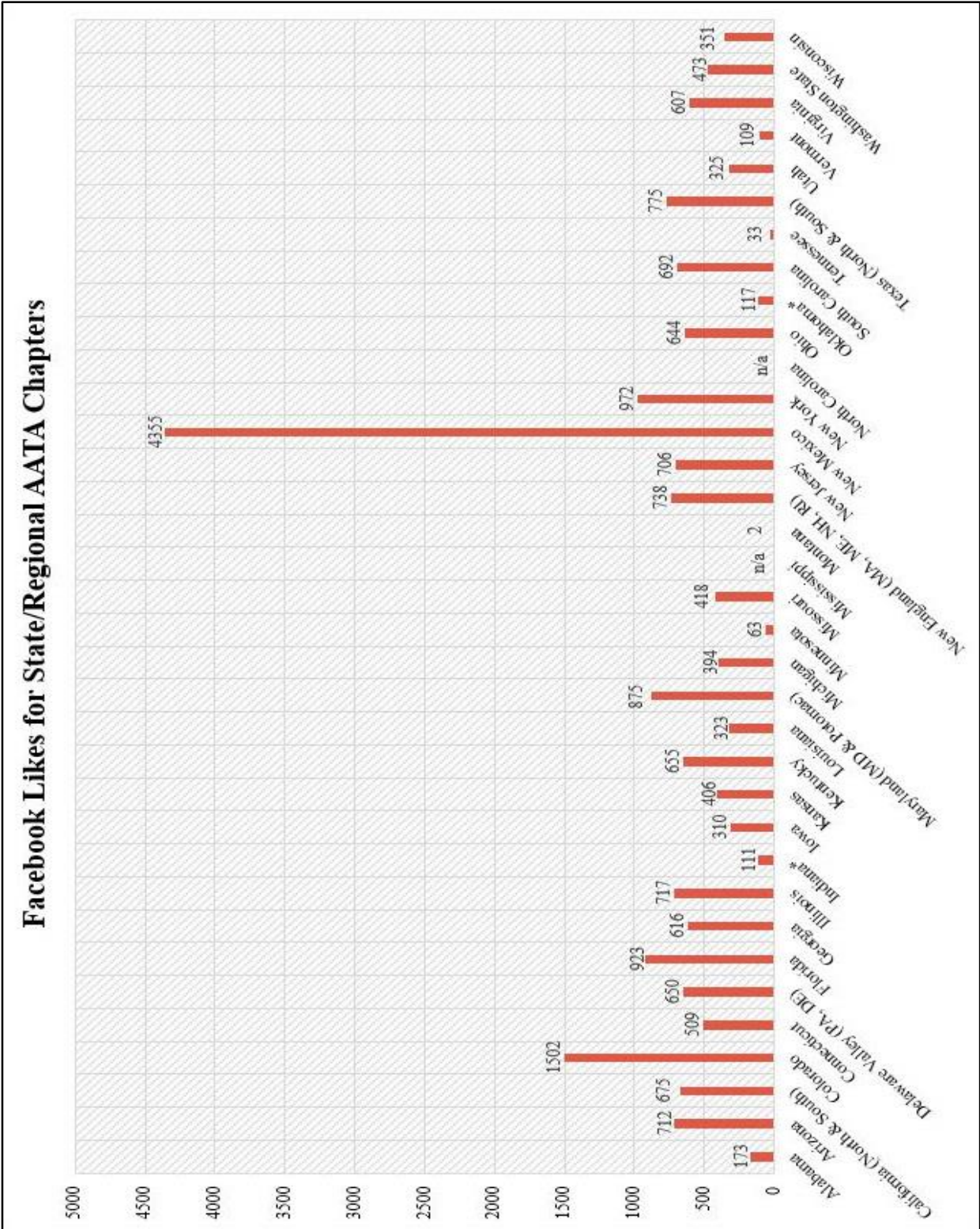


Table 9 describes the type of advocacy activities that are utilized by the states that have art therapy licensure. The information on this table corresponds with the categories of advocacy activities (see Table 1).

Table 9

Advocacy Activities of States with Art Therapy Licensure

State	Legal	Legislative/ Administrative	Research & Policy Analysis	Coalition Building and Capacity Development	Education and Mobilization	Communication and Media Outreach	Government Relations and Oversight	Service Delivery
Kentucky		X	X		X	X	X	X
Maryland		X	X		X	X	X	X
Mississippi		X	X	X	X	X	X	X
New Mexico		X	X		X	X	X	X
New Jersey		X	X	X	X	X	X	X
New York		X	X	X	X	X	X	X
Pennsylvania		X	X		X	X	X	X
Texas		X	X		X	X	X	X
Utah		X	X		X	X	X	X
Wisconsin		X	X		X	X	X	X

CHAPTER V

DISCUSSION

Overview of Results

The information gathered from the literature review, survey, and personal interviews provides the basis for constructing a framework for future advocacy efforts within the state of Indiana. Advocacy efforts within the state will be discussed in terms of what can be done by INDIATA internally, for licensure, and by the art therapy education programs in Indiana—St. Mary of the Woods and the Herron School of Art and Design. The framework that was developed based on the results of the study are shown (see Table 10).

Table 10

Proposed Two Year Plan of INDIATA for 2016-2017

GOAL #	Year 1 (Present – December 31, 2016)	Year 2 (January 1, 2017 – December 31, 2017)
#1 – Improve Communication Measured Outcome: Increase number of Facebook likes to 200 by the end of Year 2 Measured Outcome: Have 90% of the INDIATA membership provide up-to-date contact information	<ul style="list-style-type: none"> • Mode of communication away from e-mail move to Facebook and other forms of notifications • Change Facebook group to Facebook page • Make Facebook group private and use it as internal mode of communication • Adopt logo for INDIATA (get approved by AATA, upload to website and all subsequent chapter documents) • Provide agenda at each chapter meeting • Create 5-year Strategic Plan for Chapter 	<ul style="list-style-type: none"> • Keep posts consistent across platforms (Facebook, webpage, e-mail blasts) • Post weekly updates on the events of the chapter (legislative and non-legislative) • Publish meeting notes to supplement INDIATA members who miss the meetings

<p>#2 – Chapter Building</p> <p>Measured Outcome: Increase INDIATA membership to 100 members by the end of Year 2)</p>	<ul style="list-style-type: none"> • Continue providing access to events in the community • Create pamphlets/handout material on INDIATA and make accessible on website and events • Create Facebook page to increase likes • Connect with members from NMATA to see how their Social Media Task Force was so successful 	<ul style="list-style-type: none"> • Provide members only access to website (or other incentive for membership) • Provide trainings, CEUs at the INDIATA meetings which may provide further incentive • Apply for chapter building assistance through AATA (assuming all criteria #1-6 has been accomplished)
<p>#3 - Hold individuals accountable</p> <p>Measured Outcome: Creation of 2 task forces by the end of Year 2 (min. 2 individuals)</p>	<ul style="list-style-type: none"> • For each task have an estimated completion time • Gauge memberships interest in different topics/areas of interest (via survey/questions/meetings) • Put together Social Media Task Force to work with Linda Bannister • Form an organizational chart with checks and balances 	<ul style="list-style-type: none"> • Create task force or committees to disperse the workload among individuals
<p>#4 - Work towards state licensure</p> <p>Measured Outcome: By the end of Year 2, have a committee (min. 2 individuals) ready to participate in the political participation phase of Political Engagement (Saidel, 2001)</p>	<ul style="list-style-type: none"> • Connect with state in similar process of advocacy as INDIATA • Pool information and resources • Collect information on Indiana Legislature • Make information accessible to INDIATA members • Apply for GAC Public Policy Grant to help with 	<ul style="list-style-type: none"> • Survey the interest of membership • If interest exists, request participation in Grassroots efforts (this also helps to spread the word that public policy advocacy is happening)

	funding a task force	

Major Findings

Overview. According to the survey responses, the focus of advocacy efforts should be more than educational; a strong advocacy effort is one that involves legislative and non-legislative tactics. Advocacy efforts are most effective when individuals present as a united front, and work together to change public perception on a particular topic or cause (Hrenko, 1997; DeLeon, Loftis, Ball, & Sullivan, 2006; Heinowitz et. al., 2012).

INDIATA. According to McConnell's (2004) Stages of Organizational Development and Advocacy Focus (Table 4), INDIATA would be considered in the social movement or early development (infancy) stages. During these stages, the focus of advocacy should be on broad issue awareness (communication to its members), simple issue advocacy (public education) and task force creation (small committee work with as little as two or three people) (McConnell, 2014; Casey, 2011).

During this stage of organizational development, INDIATA members are in the "activation" and "mobilization" stage of political engagement, which means that their advocacy activities might include getting individuals to consider participating in social action such as recruitment and chapter building, and coordinating individuals and resources (Saidel, 2001). These activities translate to chapter building and chapter communication.

Chapter building. According to the survey of INDIATA board members, 75% of respondents stated that increasing membership should be a priority of the organization moving forward. At present, it appears that there are only a handful of individuals doing the work of an

entire organization (J. Buescher, personal communication, February 3, 2016; M. Itczak, personal communication, February 5, 2016).

INDIATA meets half of the requirements, and can work towards attaining criteria 2, 5, and 6 (see Appendix L). Assistance from the national chapter could prove invaluable to INDIATA in terms of providing guidance.

Additional rationale for chapter building, aside from the sixth criteria mentioned above (minimum of 100 members), is that all of the INDIATA presidents that were interviewed stated that it is difficult to juggle all of the responsibilities of a chapter because of people's lives that keep them busy (J. Buescher, personal communication, February 3, 2016; M. Itczak, personal communication, February 5, 2016; T. Harris, personal communication, April 2, 2016).

Since it appears that advocacy efforts of the chapter are only being done by a few people, it is imperative to grow the chapter; an increase in membership means that there would be more people to contribute in different ways to the organization and help by working on different committees like is the case in PATA and NMATA (Potash, n.d.; Lansrud-Lopez, 2013).

Chapter rules/bylaws. According to AATA (2014a), every meeting should adhere to a particular set of rules, including the presence of an agenda which has been prepared in advance and reviewed by the chapter president (who then has the responsibility of assuring that all agenda items are covered during the meeting). During the INDIATA meeting on March 20, 2016, however, there was not an agenda that was provided to the membership, and it appeared that the meeting was held as an open-forum.

During the vote that occurred at the INDIATA meeting on March 20, 2016, there was a vote where the previous President-elect, Tami Harris, was voted to become the new president of INDIATA. The vote involved all that were in attendance, with the exception of associate

members that were present. According to the Chapter Manual, student members should not have been involved in the vote (2014a). This fact was overlooked during the meeting, and the student member votes were counted along with the credentialed professionals (2014a). This vote, which is scheduled to occur biennially and was supposed to happen prior to the start of 2016, did not occur until this meeting, nearly 4-months overdue.

Chapter communication. INDIATA currently does a majority of their communication via MailChimp and a mailing list that members can sign up for on the homepage (L. Bannister, personal communication, March 16, 2016). This e-mail list is not always comprehensive or up-to-date, and may sometimes end up in users “spam” folder as stated by members in attendance at the most recent INDIATA meeting. Consequently, this is not the most effective means of communication.

Of the 10 states included in this study, a majority of them (72%) handle their communication by means other than e-mail; e-mail is the primary method of communication for INDIATA (J. Buescher, personal communication, February 3, 2016; L. Bannister, personal communication, March 16, 2016). By transforming INDIATA’s primary mode of communication, it would directly correlate with the organizations’ capacity to engage their constituents and to communicate effectively (Goldkind, 2014).

A majority of the states that have attained state licensure or who have verbiage inclusive of art therapy should be looked at as the role models for smaller states working towards that model. Since 17% of the state chapters who have state licensure do not have mailing lists, perhaps this provides evidence that a mailing list is not the most effective means of communication. Accessibility and content visibility is a key to the success of communication within INDIATA.

Social Media. The research demonstrates that the majority (91%) of the states with art therapy licenses or verbiage inclusive of art therapy in their counseling licensure, have an official website. 100% of these state chapters have a Facebook page, not a Facebook group like INDIATA. INDIATA is one of only two AATA state chapters that has a Facebook group, as opposed to a Facebook page.

A Facebook group displays the members of the group and is open to anyone—including non-members—to see communications (Hicks, 2010; INDIATA, n.d.a). A Facebook group is meant to be a forum to explain communication between members that share a common interest (Hicks, 2010). By design, INDIATA's Facebook group was meant to streamline communication for INDIATA members (Hicks, 2010; J. Buescher, personal communication, February 3, 2016). A Facebook page, on the other hand, is where businesses and organizations can establish a public, online presence and improve visibility of the organization (Hicks, 2010).

If INDIATA made their current group a “private” group, they could create a Facebook page that was linked to the AATA Facebook page. This could increase visibility and work well within the realm of increasing accessibility (Lansrud-Lopez, 2013; NYATA, n.d.b). This would limit communication of the Facebook group to its intended members, and individuals would only be able to join by invite or request.

The creation of an INDIATA Facebook page where people do not have to “join,” rather would give them the option to “like;” this might be more appealing than joining a group who is using their site for internal communication. The Facebook group, then can be reserved for individuals who are interested in more specific topics about the organization

One of the best ways to strengthen membership and awareness is to continually grow the organizations Facebook page and website (Graves, 2015; Lansrud-Lopez, 2013). NMATA

created a three-member Social Media Committee that significantly increased membership or “likes” (Lansrud-Lopez, 2013); forming a committee also corresponds with the early development stage of organizational development (Saidel, 2001).

States with art therapy licensure. Table 8 shows the advocacy activities of states with art therapy licensure. According to the data, 80.5% of their advocacy activities were spread evenly (16.1% each) among legislative/administrative, research, education/mobilization, governmental relations/oversight, and service delivery. 14.5% of their advocacy activities were conducted with communication and media outreach. Only 5% of their advocacy activities involved coalition building and capacity development. Of the 10 states included in this study, only Mississippi does not engage in social media activities. Several states, NYATA utilize their social media sites to inform their members of legislative and non-legislative activities of the chapter.

82% of states have the presence of an AATA affiliated logo. INDIATA currently has two logos that are used, one on their website, and one on their e-mail blasts. KYATA made a similar change in March 2016; if INDIATA revamped their logo like KCYATA, their official AATA affiliation could be shown (see Figure 6 on p. 80).

Timeline to licensure. Two states, Mississippi and New Mexico, provided a timeline that showed their journey to licensure, from the first art therapist arriving in the state, to the bills for art therapy licensure being signed into law. It took two years for New Mexico to draft an art therapy bill following the research, policy analysis, coalition building, and capacity development of their chapter. In Mississippi, it took seven years to complete this process which is considered to be the activation stage of political engagement (Saidel, 2001).

Comparatively speaking, INDIATA is only four years old, and has only engaged in broad issue awareness in terms of their advocacy efforts. This type of advocacy corresponds with the social movement stage of organizational development (McConnell, 2004). At this stage, INDIATA should be engaged in grassroots type activities, and rallying individuals who support art therapy as is being done by their community engagement activities. INDIATA is moving towards the mobilization phase of political engagement which involves coordinating individuals and resources (Saidel, 2001; Child & Grønbjerg, 2007).

Figure 6

Different INDIATA Logos – Website, E-mail, and Proposed



Note: The proposed logo is a similar logo that is used by other AATA approved chapters and shows the Registered Trademark of the organization.

Licensure. Through the ACA's 20/20 Initiative and adaptation of CACREP standards, the process of distinguishing the field of counseling from art therapy is growing and will continue to grow in the next couple of years, which may take away the option for art therapists to obtain counseling licensure in those states where art therapy licenses are unavailable. This amplifies the need for art therapists to advocate for their own distinct license.

Although registration and certification exist for art therapy professionals through the ATCB, they are not a part of Indiana state law, thus it does not provide title protection to those that possess these credentials (Malchiodi, 2004; IPLA, 2014c; AATA, 2015c; ATCB, n.d.). Licensure is a slow, gradual process, and can take many years that begin with grassroots efforts of its members; it took Mississippi and New Jersey both six years of public policy advocacy to take their bills through the legislative process (Anand, 2013; AATA, 2013b; DeLeon, Loftis, Ball, & Sullivan, 2006; Heinowitz et. al., 2012).

Indiana, however, is in the process of defining a system of certification that may recognize certification credentials for professionals which would grant title protection to art therapists (IPLA, 2014c). By implementing a system of certification instead of licensure, trade associations like AATA or INDIATA would have more competition and less employment for their members (IPLA, 2014c). A system of certification reduces the standards, as it is not the most restrictive form of occupational regulation in the United States.

The problem of licensure in Indiana exists beyond title protection, particularly since art therapists need a distinct license in all states in order to be recognized by government and private insurances (AATA, n.d.c; IPLA, 2014c). Indiana is currently in the grassroots phase of their public policy advocacy efforts (Anand, 2013; J. Buescher, personal communication, February 3, 2016; DeLeon, Loftis, Ball, & Sullivan, 2006).

Economist Morris Kleiner looked at the data from the SEA 421 Report and concluded that certification would be better than occupational licensing within the state of Indiana (IPLA, 2014c). His conclusion come from a strict economic perspective and cites his rationale for being because it would reduce costs to the state.

This perspective does not take into account professional identity or reciprocity. Because of these factors, art therapists should continue to push for their own art therapy license, whether or not they move to a certification system or not within the state. Although the final decision on this system is still pending from IPLA, the merits of the self-certification system serve a narrow economic bottom line, not an interest that advances art therapy as a profession.

Art therapy programs in Indiana. The heavy lobbying efforts by CACREP to become the sole accrediting body for counseling programs in the United States provides a very imminent threat to programs such as the Herron School of Art and Design and St. Mary-of-the-Woods. These Indiana art therapy programs currently provide education that prepares its students for counseling licensure as well as art therapy certification/registration (CACREP, 2016a; L. Bannister, personal communication, March 16, 2016).

AATA has chosen CAAHEP over CACREP to accredit its counseling programs because aligning with CACREP would have further diluted the identity of the profession of art therapy in that the standards for accreditation through CACREP require stipulations of curriculum and faculty that are not in congruence with art therapy philosophy and goals (AATA, 2015a; J. King, personal communication, April 29, 2016).

Indiana art therapy programs would benefit from aligning their programs to meet the ACATE standards that will be the new pinnacle. If necessary, it could aid in the “fight” if they were to lobby or advocate to the licensing board of Indiana against requiring CACREP

accreditation in the state. At present, although adoption of their standards have been accepted in other states, this is has yet to come to fruition in Indiana (AASCB, 2015).

Limitations and Delimitations

Limitations. One limitation of this study were the advocacy models that have been provided by other states. These models worked within that particular region/area, but every legislative arena is different; it does not necessarily mean that because it was successful in one area, that it will be easily transposed onto Indiana. Another limitation of this study was the framework that was designed. The framework was designed to serve as a template for art therapists to use for future advocacy efforts within the state of Indiana. This framework would not apply to other state chapters or organizations.

Another limitation from the interview portion of this study was that the interviews did not represent the INDIATA board in its entirety since only a 67% response rate was achieved. The open-ended format proved to be a limitation, in that the respondents were allowed to provide answers that fit beyond the category of “legislative tactics” and “non-legislative tactics.”

Delimitations. A delimitation of this study was the decision to survey the 2014-2016 board members of INDIATA rather than the entire INDIATA membership or members from its previous board (2012-2014). This decision to focus on the active board members kept the research focused on the representatives who currently act as the voice of the membership. Another delimitation of this study was the decision to focus on the states who already had art therapy licensure or verbiage inclusive of art therapy within their counseling licenses. This decision was made because these states have gone through the legislative process and paved the way for public policy advocacy in the United States, thus should be looked at as examples of how to work within legislative.

CHAPTER VI

CONCLUSION AND RECOMMENDATIONS

Objective

This research proposed to produce a record of advocacy efforts that had been done within the state of Indiana due to a lack of published documentation on what had been done and what was the current status. This research also proposed to prepare a framework that might potentially be used by art therapists and the state chapter to spearhead advocacy efforts in the state of Indiana.

Methods

A mixed-methods research design involving an integrative systematic literature review, a personal survey, and interviews was conducted. The integrative systematic literature review explored art therapy advocacy efforts nationally and within individual states. Surveys of active INDIATA board members and personal interviews with the former and current presidents of the organization sought to attain relevant data on their current advocacy efforts.

Results and Achievements

The results of the survey show that INDIATA has been engaging in public policy advocacy in the form of legislative tactics and non-legislative tactics in the state of Indiana since its inception in 2012. Interviews with the former INDIATA presidents provided information on the history of the organization, and some of the work that occurs in the boardroom.

The literature review provided relevant information in terms of what other AATA state chapters have done to advocate in their respective states. Information that was gathered during this research informed the framework that was developed (see Appendix L). This framework

lays out several large and small goals that correspond with the current president, Tami Harris' goals for the organization.

This research showed that several of the states that have attained licensure started off as small organizations, but with the work of several dedicated, hardworking individuals were able to attain the long-term goal of attaining licensure. This research identified what stage of organizational development that INDIATA is in, and what advocacy activities correspond with its development. Additionally, this research was able to identify several inconsistencies within INDIATA's online and social media presence, which may be an impediment to organizations goal of achieving effective communication and rallying individuals to form a grassroots movement.

Recommendations

Professional application. INDIATA is a relatively young organization, with a minority of its members—the board—doing the work of the entire organization; there are no subcommittees or task forces to aid in this process. As a volunteer organization, a framework may unify individuals around a common goal as opposed to individuals working disjointedly around a wide variety of goals. The aim of this framework is to provide solutions that may strengthen the organization which in turn would increase membership.

Increased membership would lead to more people able to help achieve common goals which is one of the aims of advocacy (DeLeon, Loftis, Ball, & Sullivan, 2006; Cohen, Lee, & McIlwraith, 2012; Heinowitz et. al., 2012). This goal of increased membership corresponds with the activation phase of political engagement which is to get individuals to consider participating in social action (Saidel, 2001).

Future Research. Board members may expand or adapt the framework in order to develop a 5-year strategic plan for the organization to map out future goals of the organization. Creating a 5-year plan is important for the organization because it allows membership to see what the goals are and perhaps align themselves by joining committees in a way that would be mutually beneficial. The framework may also be expanded to include goals/work of smaller, individual committees or task forces.

Continuing to log advocacy efforts via a Facebook page, blog, or other dated source gives prospective members the ability to know what INDIATA is currently doing, and may strengthen membership. Opening communication to all members of INDIATA would allow for the organization to truly speak on their behalf, making it a true representative organization.

Future research may also include a surveys to see what type of goals/topics that the membership is interested in pursuing. This would allow INDIATA to adequately assess the needs of its members. Surveys or interviews with the entire INDIATA board would provide a more representative and comprehensive outlook on the organization since only a 67% rate was accomplished during this study.

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Appendix A

Guide to Acronyms

Acronyms Related to the Art Therapy Association

Accreditation Council on Art Therapy Education (ACATE) – “An independent organization replacing AATA’s Education Committee in approving Master’s degree programs in Art Therapy” (Oechsle, 2015, p. 1).

EPAB (The Educational Program Approval Board) - a board of AATA that approves art therapy Master’s programs (AATA, 2016a).

GAC (Governmental Affairs Committee)- a committee of AATA that “monitors state and national policy actions to ensure that AATA’s interests and objectives are adequately represented at all levels of government, and supports and advocates for legislation and policies that promote the profession and practice of art therapy” (AATA, 2014b, p. 180).

State-Level Acronyms

IPLA (Indiana Professional Licensing Agency) – set in statute by the Indiana General Assembly, this is an organization with governor-appointed members that license professionals in the state of Indiana (IPLA, 2016)

JCC (Jobs Creation Committee) - “established by the Indiana General Assembly in 2014 to assess the efficiency and effectiveness of all professional licenses regulated by the Indiana Professional Agency” (IPLA, n.d.c, para. 8).

Related to Certification

AASCB (American Association of State Counseling Boards) – “the alliance of governmental agencies responsible for the licensure and certification of counselors throughout the United States” (AASCB, 2016, “About AASCB,” para. 1).

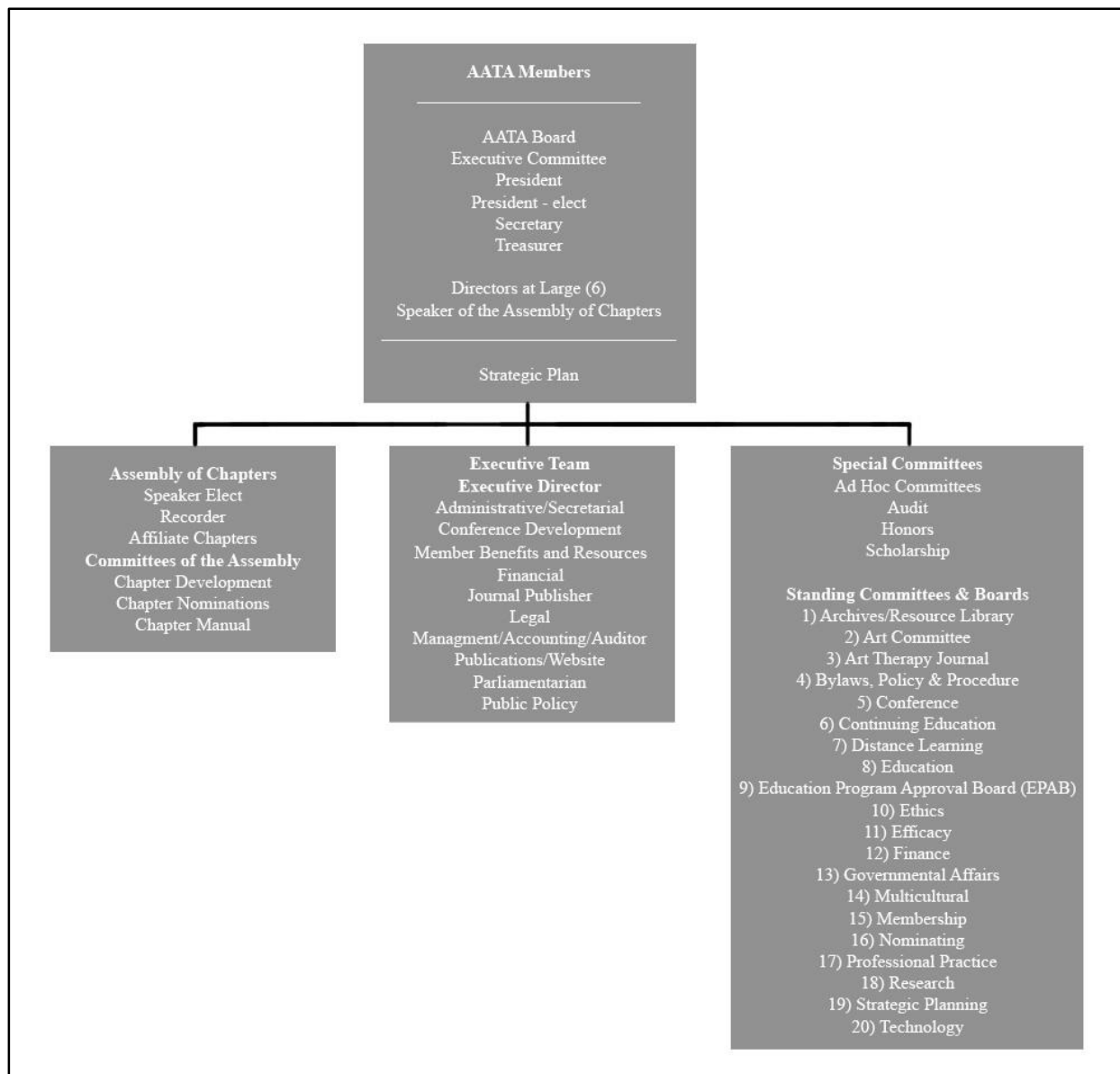
CAAHEP (Commission on Accreditation of Allied Health Education Programs) – “the largest programmatic accreditor in the health sciences field who accredit over 2100 educational programs in twenty-eight health science occupations” (CAAHEP, 2016, “About CAAHEP,” para. 1).

CACREP (Council for Accreditation of Counseling and Related Educational Programs) – An accrediting body who’s vision is to “provide leadership and promote excellence in professional preparation through the accreditation of counseling and related educational programs” (CACREP, 2016c, “Vision,” para. 1).

NBCC (National Board for Certified Counselors) – A not-for-profit, independent certification organization whose “original and primary purposes are to establish and monitor a national certification system, to identify those counselors who have voluntarily sought and obtained certification, and to maintain a register of those counselors” (NBCC, 2016, “About NBCC,” para. 1).

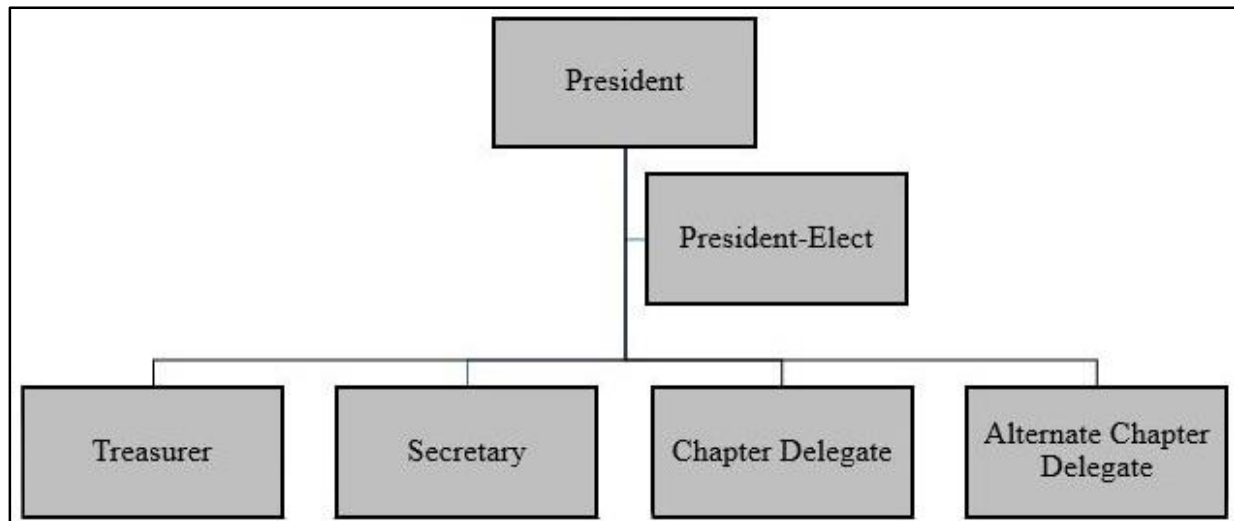
CHEA - “A national advocate and institutional voice for promoting academic quality through accreditation, which is an association of 3,000 degree-granting colleges and universities and recognizes 60 institutional and programmatic accrediting organizations” (CHEA, 2015, p. 1).

Appendix B

Model Showing Organizational Hierarchy of AATA

AATA (2014a, p. 69)

Appendix C

Model Showing Organizational Hierarchy of INDIATA

Appendix D

First Correspondence Letter to INDIATA Board Members

Month, Day, Year

Dear INDIATA Board Member,

Hello, my name is Mo Hammond and I am currently a graduate art therapy student at the Herron School of Art and Design at IUPUI. I also recently became a student member of INDIATA. I am working on my master's thesis which is about art therapy advocacy within the state of Indiana. One component of my research is an interview section where I am hoping to ask a few questions to the current members of the INDIATA board regarding their experiences with advocacy within the state.

If you have 10-minutes to participate in this online interview, it would be greatly appreciated. If you have any questions, I can be reached at hammonmo@uemail.com.

The link to access this survey is:

<https://www.surveymonkey.com/r/2MFSFLM>

Thank you very much for you time and consideration in helping me.

-Mo Hammond

Appendix E

Interview Questions

- 1) How would you define advocacy?
- 2) What advocacy efforts have been made within INDIATA?
- 3) Is there any literature on the advocacy efforts of INDIATA that you are aware of?
- 4) How do you think that advocacy efforts can be better coordinated within the state?
- 5) What type of advocacy effort do you think would be the best for the state of Indiana?
- 6) What recommendations would you give to INDIATA regarding the direction of the advocacy efforts?

Appendix F

Databases Utilized in Reference Search

Academic Search Premier (EBSCO)	ProQuest
ERIC (EBSCO)	PsychArticles (EBSCO)
Google Scholar	PsychInfo (EBSCO)

Appendix G

Search Terms Utilized in Reference

Art Term	Therapy Term	Advocacy Term
-	-	Advocacy
Art	Therap*	Advocacy
Art Therapy	-	Advocacy
Art	Therap*	Professional Advocacy
Art	Therap*	Licens*
Art	Therap*	State Licens*
Art Therapy	-	Licens*
Art Therapy	-	State Licens*
Art Therapy	-	AATA
Art Therap*	-	Advocacy
Art Therap*	-	AATA

Appendix H

Subsections on AATA Website on Public Policy

- 1) Position statements, national action agenda, and guide for advocacy
- 2) AATA actions prompting a distinct art therapy profession
- 3) State art therapy licensing statutes
- 4) State laws within professional art therapy licenses
- 5) State laws/regulations licensing art therapists under professional licenses
- 6) Achieving the art therapist license
- 7) Model state art therapy licensing proposals and legislation
- 8) Career and credentialing information
- 9) Advocacy project grant program
- 10) License requirements for other mental health providers
- 11) Insurance information and reimbursement claims
- 12) Gaining Medicaid reimbursement in your state
- 13) Sample model proposal
- 14) Background information about the art therapy profession

Appendix I

GAC Transcription from 1/11/16

GAC Telephone Meeting – January 11, 2016**7:00 – Call Start***In Attendance (Alphabetically)***Donna Betts** – AATA President**Erin Carter** – Delaware Valley Art Therapy Association**Cheryl Doby-Copeland** – BoD Liaison**Urania Dominguez** – Rep. from Puerto Rico**Lariza Fenner** – GAC Chair**Gretchen Graves** – VATA GAC Chair**Mo Hammond** - Student Liaison, Indiana**Dean Sagar** – AATA Director of Public Policy**Bethany Stilner** – Delaware Valley Art Therapy Association**Chris Strang** - President-Elect, Alabama**Dana Wedin** – NYATA (filling in for Samantha Hasher)**Cynthia Woodruff** – AATA Executive Director**7:04 – Meeting called to order**

Lariza Fenner: Before the grant applications come in before the end of this week, will send another blast to the committee and the chapters to see if she can get anymore ad hoc reviewers for the grant proposals. There is a need for at least 4-5 ad hoc committee members in order to have a well-rounded perspective on the proposal.

Cheryl Doby-Copeland volunteered for this position. Additional volunteers encouraged to e-mail gacchair@artherapy.org

Lariza Fenner: Submitted a board report to Cheryl and wondered if it was presented at December meeting.

Cheryl Doby-Copeland: That report is now on Glasscubes for all the board members to review and all of that is in preparation for the winter face-to-face board meeting which will be at the end of this month.

Lariza Fenner: To reiterate, and just to make sure that we're on the same page, we're going to try and turn these grant applications around pretty quickly to see if we can have them reviewed at that board meeting, if that's still feasible. Is that feasible?

Cheryl Doby-Copeland: Right. Yes. I'm hopeful that we can do that so I can make a motion while I'm at that meeting for whomever the ad hoc committee suggests for the board to approve that.

Lariza Fenner: Just making sure that everyone on the call is aware of the timeline.

7:07 – AATA Strategic Planning

Donna Betts: The AATA board is going to be engaging in a very elaborate strategic planning process on the last day of our board meeting, which is the last Sunday in January. There is an external facilitator to help us with the process. We're anticipating that the strategic planning process that we're embarking on—which we've been preparing for months, by the way—which included the strategic planning survey was sent out to members of AATA and lapsed members to get as much information as we possibly can to address what this association really needs moving forward to achieve all the things we need to achieve. Including, by the way, a

priority list of what we do need to achieve. So it's going to be really comprehensive.

We're anticipating, given that one of AATA's priorities has been, and of course will continue to be, serving the public obviously, but making art therapy an employable profession for students graduating from our programs. This includes: Members of AATA, prospective members, committees, committee chairs, as well as administrative members of AATA, and anyone who is a potential stakeholder in our association need to take all of these voices into account when reformulating what comes of our strategic planning session.

Potentially reformulate the structure of the GAC, how can the GAC and other committees be most effective. That may or may not include, I'm not sure if you've all taken a look at Lariza's agenda, for example, we used to have a state and federal liaison position on the GAC. We're not going to make a sweeping decision in the next couple of weeks. We're going to wait and see what the strategic planning process brings up. What will change, how will we change it, and so forth.

Cheryl Doby-Copeland: What I would add, because I think Donna gave you the broader points. What we learned in previous strategic planning sessions was how the work of the committees serves to implement the overall strategic plan of the association. Identifying the goals and the accomplishments, and ensuring that the priorities on the smaller level align with on the bigger, global priorities (and vice versa)

Chris Strang: A lot of times the strategic plan is a 5-year cycle, but it's often updated as we go along. We're looking at what can we do moving forward, to make sure everything is integrated as we move forward. We have strategic priorities, but they are moveable and looked at every year.

7:15 – Bringing back State/Federal Liaisons and Committee Work

Lariza Fenner: I think we've always had a problem moving information that is presented in this forum back to the states. There is a rift in getting the information disseminated on the GAC phone calls to individual states (or from individual states to the committee). How do we best unify? On the agenda last month, we discussed having a storehouse of information and printable material for people who are advocating on the state level. Perhaps having a centralized location where we store these things and look at them on a regular basis. That might be an arm of the GAC: documents.

Dean Sagar: State and federal liaisons would be extremely helpful, or even regional liaisons, or perhaps if there was a mentoring system with regards to licensure. We have potentially 26 chapters that could be involved in some stage of licensure, which is often times difficult to monitor and keep track of in some cases. Regional liaisons, mentors, or anything could help to provide an oversight structure would be helpful at this point.

Gretchen Graves: I like the idea of licensure mentors. There are a lot of questions that come up as you're going along, but we only have Dean to reach out to. A lot of states have gone through the process already, and it would be really cool to get some sort of call bank of people we can reach out to.

Cheryl Doby-Copeland: In D.C., they have reached out to the people in Maryland who have provided support as we move through the process. The list that Dean disseminated gave them a step-by-step on where to begin. It would be even more helpful to have specific names of people who show a willingness to serve as mentors and could help various chapters avoid missteps.

7:24 – State Benefits from GAC Calls

Urania Dominguez: Wanted to join to get a sense of how everything was looking. Puerto Rico is a brand new chapter and they're in their "baby-stage," so the part about mentoring—in any aspect—is something that she believe they would benefit from immensely. At this point they are looking into fundraising for advocacy as well, defending the profession in a place where art therapy is rarely heard of. Getting respect from other professions in general, the public, and people who practice art therapy without being art therapists. Will report to her board at the end of the week and ask about their thoughts on mentoring.

Dana Wedin: This is her first time on the call and is trying to catch up with everything, as their former GAC rep. Sam Hasher stepped down from this position.

Erin Carter: Standing in for Rep. Bethany for the Delaware Valley Art Therapy Association. Personally feels that the mentoring idea is a good one, but cannot speak on behalf of all of her colleagues. Will report this information to them and report back to Lariza. PAATLC (Pennsylvania Art Therapy Licensing Committee) has met three times and have gathered volunteers and discussed different goals for their committee. Have created and distributed an e-mail survey at the local annual conference in PA. They have attained a list of inactive members of AATA in order to increase awareness in the area. There has been no word from members of western-Pennsylvania, but the Delaware Valley is interested in collaboration.

7:31 - Legislative Update

Dean Sagar – The governor of New Jersey signed the Art Therapy Licensing Act which has been in the works for 3 years. What's striking about this decision is that a republican presidential candidate is expressing, directly or indirectly, by signing the bill. The final votes on December 17th were 26-10 in favor of passing the bill and in the assembly 57-8. There are at least 5 other states where we know legislation will be introduced this year: Vermont (could

be introduced this week), Connecticut (will be placed on the agenda on the joint House committee), Iowa, Florida (introducing a revised bill), and Ohio (a new bill). There are internal discussions occurring in Delaware and Louisiana regarding the format of the bills to be introduced. South Carolina, Georgia, and North Carolina are looking to enact licensure legislation. Colorado turned in an application in December (and will not find out later this year, hopefully).

****See supplemental information provided on Glasscubes by GAC Chair for more comprehensive summary of this information**** The document is entitled “2016 AATA Licensure Outlook**

Dean Sagar – Verbiage from the recently passed bills (particularly NJ and KY) has been on the AATA website on the “members-only” section. Currently in the process of uploading examples, promotional materials, and various documents onto the AATA website. Every bill has to be written a little bit differently, some perhaps focusing on title-protection (CA, for instance). Hopefully by the end of January all of this information can be uploaded.

7:43 – States in the Grant Submission Process and Copying, Press Packets, etc.

Gretchen Graves: - Looking to make folders for all representatives within the house. Has met with the board of counseling, and doesn’t have any extra to give to them. AATA does not currently have an account at Staples (re: discounts for copies), but perhaps using a tax-exempt ID number could be used.

Dana Wedin: When making their first round of press packets for their state representatives, originally went to Staples, but on their second round found that it was much more cost-effective and practical to have USB-flash drives made with the information contained on them (also the logo is imprinted onto the flash drive).

Cynthia Woodruff: A huge press packet might get misplaced, a business card with a flash drive with the information or a link to a site that has the information contained within (so it can be updated). Vista Print or 123print are cost effective.

Lariza Fenner: March 8th, 7:00 EST is the next call.

7:56 – Meeting Adjourned

Appendix J

Second Correspondence Letter to INDIATA Board Members

Month, Day, Year

Dear INDIATA Board Member,

Thank you to all of the INDIATA board members who have responded with my request to participate in a survey on art therapy advocacy within the state.

If you have not, and have 10-minutes to participate in this online interview, your input on this topic would be greatly appreciated. The link to access this survey is:

<https://www.surveymonkey.com/r/2MFSFLM>

If you missed the original e-mail, my name is Mo Hammond and I am currently a graduate art therapy student at the Herron School of Art and Design at IUPUI and a student member of INDIATA. I am working on my master's thesis which is about art therapy advocacy within the state of Indiana. One component of my research is an interview section where I am hoping to ask a few questions to the current members of the INDIATA board regarding their experiences with advocacy within the state.

Thank you in advance for your time and consideration in helping me.

-Mo Hammond

Appendix K

Survey Results

Question 1: How would you define advocacy?

Respondent 1: I would define advocacy as educating individuals and/or groups of a particular entity that provides real world change within organizations, communities, and government.

Respondent 2: A group or individual working on behalf of an organization or individual to educate the public and create awareness concerning a specific cause.

Respondent 3: Supporting and furthering a cause

Respondent 4: To promote or support a cause.

Question 2: What advocacy efforts have been made within INDIATA?

Respondent 1: Taking the initiative to restart the INDIATA organization back in 2005 to bring local art therapist to network and to educate the community. I have also made connections on LinkedIn and other chapters throughout the states to share INDIATA mission statement. I have also referred professionals and individuals interested in the field of art therapy to the network by looking at our web page. I have served on the board and took on committee positions to assist in having art therapy approved as its own entity in the state of Indiana.

Respondent 2: A few years ago, we contacted our state representatives and senators via written letter and phone calls to advocate for art therapy. We connected with lobbyists. We have held fundraisers. We have talked with medical and clinical directors. After talking with mental health lobbyist Steve McCaffrey, it was determined we needed approximately 250 people in our membership before we would be a noticeable body among other mental health professions in the state of Indiana.

Respondent 3: Initial attempts at a state license in the past few years. This has been put on hold due to likely lack of receptivity for new licenses in current political climate. Currents advocacy efforts are promoting the profession and clarifying misconceptions about it.

Respondent 4: Promoting the value of art therapy services by educating the greater Indianapolis community (offering workshops, community art making experiences, talking with governmental bodies regarding licensure and offering services for the under served).

Question 3: Is there any literature on the advocacy efforts of INDIATA that you are aware of?

Respondent 1: Through the chapter network by that of the National Art Therapy Association.

Respondent 2: Yes, several of our board members have been interviewed over the years.

Respondent 3: There were documents about how to talk to possible supporters of a license moving forward.

Respondent 4: There was information on the INDIATA website, letters written to governmental bodies and brochures at workshop or community events.

Question 4: How do you think that advocacy efforts can be better coordinated within the state?

Respondent 1: Increasing and maintaining membership and have committed members and strong committees.

Respondent 2: It certainly needs to be a statewide effort in order to get to 250 members. Hosting INDIATA events in different parts of the state would help. Defining the interest of the membership and why one would want to be a member of INDIATA. Also, educating agencies that might employ art therapists across the state so that they can also be our advocates.

Respondent 3: Increased Indiana membership and meeting attendance

Respondent 4: Accessing and receiving larger numbers of supporters of art therapy.

Question 5: What type of advocacy effort do you think would be the best for the state of Indiana?

Respondent 1: State licensure.

Respondent 2: At this time, education of the public is best. Helping people to understand the difference between art therapy and activity aides or art that a social worker might do with a child. And pairing with these other professions so as not to create negative feelings.

Respondent 3: Increasing visibility and prevalence of art therapists.

Respondent 4: Title protection with licensure for art therapists.

Question 6: What recommendations would you give to INDIATA regarding the direction of the advocacy efforts?

Respondent 1: Making meetings accessible throughout the state and build membership.

Provide continued networking events and educating the community and state of our chapter.

Respondent 2: Continue promoting art therapy to the general public, expand our reach to art therapists statewide, be friendly to all interested in art therapy to grow our membership and those that support us. Continue to connect with those in positions of power such as state reps, senators, lobbyists.

Respondent 3: [skipped]

Respondent 4: Encourage INDIATA members and future art therapists (students) to be more involved with the organization's efforts.

Appendix L

Proposed Two Year Plan of INDIATA for 2016-2017

GOAL #	Year 1 (Present – December 31, 2016)	Year 2 (January 1, 2017 – December 31, 2017)
<p>#1 – Improve Communication</p> <p>Measured Outcome: Increase number of Facebook likes to 200 by the end of Year 2</p> <p>Measured Outcome: Have 90% of the INDIATA membership provide up-to-date contact information</p>	<ul style="list-style-type: none"> • Mode of communication away from e-mail move to Facebook and other forms of notifications • Change Facebook group to Facebook page • Make Facebook group private and use it as internal mode of communication • Adopt logo for INDIATA (get approved by AATA, upload to website and all subsequent chapter documents) • Provide agenda at each chapter meeting • Create 5-year Strategic Plan for Chapter 	<ul style="list-style-type: none"> • Keep posts consistent across platforms (Facebook, webpage, e-mail blasts) • Post weekly updates on the events of the chapter (legislative and non-legislative) • Publish meeting notes to supplement INDIATA members who miss the meetings
<p>#2 – Chapter Building</p> <p>Measured Outcome: Increase INDIATA membership to 100 members by the end of Year 2)</p>	<ul style="list-style-type: none"> • Continue providing access to events in the community • Create pamphlets/handout material on INDIATA and make accessible on website and events • Create Facebook page to increase likes • Connect with members from NMATA to see how their Social Media Task Force was so successful 	<ul style="list-style-type: none"> • Provide members only access to website (or other incentive for membership) • Provide trainings, CEUs at the INDIATA meetings which may provide further incentive • Apply for chapter building assistance through AATA (assuming all criteria #1-6 has been accomplished)
<p>#3 - Hold individuals accountable</p>	<ul style="list-style-type: none"> • For each task have an estimated completion time • Gauge memberships interest in different topics/areas of interest (via 	<ul style="list-style-type: none"> • Create task force or committees to disperse the workload among individuals

<p>Measured Outcome: Creation of 2 task forces by the end of Year 2 (min. 2 individuals)</p>	<p>survey/questions/meetings)</p> <ul style="list-style-type: none"> • Put together Social Media Task Force to work with Linda Bannister • Form an organizational chart with checks and balances 	
<p>#4 - Work towards state licensure</p> <p>Measured Outcome: By the end of Year 2, have a committee (min. 2 individuals) ready to participate in the political participation phase of Political Engagement (Saidel, 2001)</p>	<ul style="list-style-type: none"> • Connect with state in similar process of advocacy as INDIATA • Pool information and resources • Collect information on Indiana Legislature • Make information accessible to INDIATA members • Apply for GAC Public Policy Grant to help with funding a task force 	<ul style="list-style-type: none"> • Survey the interest of membership • If interest exists, request participation in Grassroots efforts (this also helps to spread the word that public policy advocacy is happening)